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995 MARKET STREET

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG

DIRECTOR

Sacramento 14
April 2, 1946

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Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

IN REPLY PLEASE REFER
TO:

Dear Mr. Jordan:

Attached are three copies of the following regulations
made by the State Department of Social Welfare.

MANUAL LETTER NO. 92

These are emergency regulations effective immediately.

These regulations are filed in accordance with Section 11381
of the Government Code, Chapter 1334, Statutes of 1945.

Very sincerely yours,

Charles M. Wollenberg
CHARLES M. WOLLENBERG, Director
Department of Social Welfare

63:b5

Certified as a Regulation (or as
Regulations) the

State Dept of Social Welfare
(Name of State Agency)

Charles E. Key
(Signature)

Director
(Title)

4/2/46
(Date)

MAIN OFFICE
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Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG
DIRECTOR

Sacramento

March 29, 1946

1297

MANUAL LETTER NO. 92

The attached manual revisions are to be entered in your copy of the Manual of Policies and Procedures and the revision numbers cancelled on the separators for the revised chapters. Revision numbers are listed for the chapters as follows:

Amount of Grant	Revisions 29 thru 34, and Sec. 158-07 issued
Applications	Revisions 38 thru 41
Investigation and Decision	Revisions 108 thru 122
Continuing Services	Revisions 120 thru 130
Special Services	Revisions 22 thru 25
Financial Procedures	Revision 190
Form Index	Reissued

The Social Welfare Board adopted a revised OAS budget schedule on March 21, 1946, and this information was released to the counties in Bulletin 274 to be effective as soon as possible but not later than July 1. This budget schedule which was adopted following a statewide pricing survey increased the allowance for food from \$19.25 to \$19.85. The food allowance was raised from \$33.69 to \$34.70 if all meals are purchased in restaurants. The allowance for clothing was raised to \$5.65 from \$5.10. These monetary changes have been incorporated into the attached Sec. 155-25.

Sec. 158-07 is an important new ANC section concerning "Individuals to Whom Mandatory Standards of Care are Applicable" and represents a major change in policy aimed to clarify questions which have arisen in regard to Bulletin No. 272. The specific clarifying provisions are:

"Aid shall be granted in accordance with the ANC standard of adequacy with respect to children eligible to ANC and their caretaker (regardless of the caretaker's eligibility to general relief), except that when ANC is granted on a non-county basis the county supplemental aid is granted as the county in its discretion may determine.

"When the county includes in the determination of the amount of the grant the needs of the parent (other than the caretaker), ineligible minors, or the stepparent in accordance with the ANC standard, ANC may be granted as thus determined and the State will participate to the extent as provided in Section 1511 of the W&IC.

"When the needs of other individuals in the household are not determined in accordance with the ANC standard, the county shall grant aid for them in accordance with general relief standards if they are otherwise eligible for general relief.

"Individuals who are ineligible to general relief or other categories of aid may be granted such aid as the county in its discretion shall determine."

The date for the carrying out of the provisions of Sec. 158-07 has been set by the Social Welfare Board for not later than July 1, 1946. Revisions to reconcile Sec. 158-10, Determination of Need and the Amount of Grant for Children in Family Groups, to Sec. 158-07 will follow in the near future.

Some pages of forms in Sec. 250-99, Forms Used in Investigation Procedures, have been revised. Forms Ag, B1, CA 239A have been added to this section. For your convenience Sec. 250-99 should be arranged in the following order of revision numbers: Revisions 41, 42, 43, 44, 108, 46, 47, 48, 50, 109, 110, 111, 112, 113, 114, 115, 116, 58, 59, 60, 90, 62, 63, 117, 118, 119, 120, 68, 69, 70, 71, 102, 73, 74, 75, 121, 105, 78, 79, Forms DPA 4 and DPA 5 issued 10/9/42, Form DPA 8 issued 8/25/44.

Sec. 353-99, Form Used in Reinvestigation Procedures, has been completely revised. Note that Form Ag 208 which was obsoleted in Manual Letter 75 has not been reproduced.

Secs. 462-00 thru 462-20 relating to the extramural care program of the State Department of Mental Hygiene have been revised to substitute the term "leave of absence" for the term "parole" (Chapter 136, Statutes of 1945); also to substitute "Department of Mental Hygiene" where "Department of Institutions" previously appeared (Chapter 665, Statutes of 1945). Sec. 462-50 contains a revised statement of guardianship by the State Department of Mental Hygiene.

The Form Index has been brought up to date and reissued.

STATEMENTS CONTAINED IN THE MANUAL TAKE PRECEDENCE
OVER SAME MATERIAL PREVIOUSLY RELEASED IN BULLETINS

155-25 (Continued)

Page 2 of 155-25

The amount of aid plus the income (other than casual income and exempt agricultural income) shall not exceed the total need except to the extent that the grant is adjusted to the next highest whole dollar.

Example: Total need as determined by the recipient's budget is \$63.80. He has OASI income of \$15.37 per month. The difference is \$48.43. Aid is granted in this amount or in the amount of \$49, the next higher whole dollar.

Any applicant or recipient who would benefit by having his net income deducted from his total need as established by a budget of his requirements may request that his grant be figured accordingly, and any necessary adjustment in the grant shall be made as soon as administratively possible. Responsibility rests upon the county to inform the recipient of the possible advantages accruing to him should he elect to have his income applied to total need as determined by his budget.

When figuring the total need of an individual according to his requirements, due regard shall be given to the Budget Schedule as adopted by the SSWB.

BUDGET SCHEDULE

The current Budget Schedule as adopted by the Social Welfare Board is as follows:

Food	\$19.85	(Increase 75% to \$34.70 if all meals are purchased in restaurants.)
Housing, as paid, for example	20.00	
Utilities, as paid, or the following minima		
Electricity	1.20	
Gas	1.85	
Water	1.40	
Garbage	.50	
Other, for example, heat	3.15	
Household operations	3.50	
Clothing	5.65	
Incidentals and personal needs	10.00	
Transportation	3.00	
Special Needs, such as medical care, etc., in the amount of actual cost. (See Sec. 155-50, Definition and Determination of Special Needs in OAS, for description of common special needs.)		
Total	\$70.10	

(Section Continued on Next Page)

155-20 (Continued)

155-20

2. Irregular income of such a nature that consideration of the income received in the past is the only possible way of estimating the amount that the recipient might reasonably expect to receive in the future. That amount which represents the monthly average over the preceding three months' period reduced to the nearest whole dollar may be deducted in determining the grant.

Example C: A recipient regularly engages in the repairing of lawn mowers and his exact income from month to month can not be foretold. Income over the past three months has been as follows: June earnings, \$9.50; July earnings, \$12.75; August earnings, \$9.90; total earnings, \$32.15 or a monthly average of \$10.71. Therefore, \$10 is determined to be the recipient's average monthly income, and the grant is \$40 (\$50 minus \$10).

3. Income which represents both fixed and adjustable income.

Example D: A recipient whose need does not exceed \$50 is furnished free utilities by his daughter which are estimated at approximately \$4.35. In addition he receives CASI in the amount of \$21.85. The estimated income may be lowered to \$4.15 which, when added to the fixed income of \$21.85, adjusts the total income to \$26. Aid is then granted in the amount of \$24 (\$50 minus \$26).

When reporting income on the Certificate of Verification of Eligibility Form Ag 201, or on the Notice of Change (Form Ag 232), the adjusted amount of income that was used in determining the grant should be reported. (See Secs. 237-10, Instructions for Certificate of Eligibility, and 362-05, Instructions for Recording on Notice of Change, Section I.) (W&IC 2140)

155-25 TOTAL NEED - DETERMINATION BY BUDGET
OAS

Page 1 of 155-25

The individual's budget is one way of establishing total need when it is in excess of \$50 a month. (See Sec. 155-30, Total Need - Statutory Maximum (\$50) Plus Special Needs, for another way of determining that total need is in excess of \$50.) When a budget of the individual's requirements shows that his need is in excess of \$50 a month the grant is determined by subtracting the income, other than casual income and exempt agricultural income, from the total need as established by the budget, except that in no event may the grant exceed \$50. (See Secs. 150-50, Types of Casual Income, and 151-95, Income from Agricultural Labor.) When the difference is in partial dollars, aid may be granted in that amount which represents the next highest whole dollar.

(Section Continued on Next Page)

155-25 (Continued)

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- (c) If the recipient lives in a home which he owns or in which he has an interest, the item of "Housing" is the sum of the costs of ownership and the net value of occupancy, if any, as determined under Sec. 152-10, Occupancy Value of Homes Owned By Recipients. In addition to the expenses of ownership which include taxes, insurance, assessments, and required encumbrance payments, an allowance of \$2 a month shall be made to cover the average cost of minor repair and upkeep. (The expense of occasional repair which is not met through the normal upkeep allowance and which is necessary to provide safe, healthful housing or to minimize deterioration, should be included as a separate special item of need. (See Sec. 155-50.)

When the recipient has an interest in the home with other persons, the value of occupancy plus his prorated share of the expenses of ownership represents his housing need, i.e., if the home is owned jointly with the wife, one-half of the expenses of ownership plus occupancy value, if any, is the housing need; if owned jointly by three persons, the recipient's housing need is one-third of the expenses of ownership plus the occupancy value, if any.

3. Utilities

Those utilities or services actually used by the individual represent his need. The amount allowed for the individual utility item may be as paid or the amount set forth on the Budget Schedule. If there is need for wood, coal, oil, garbage service, etc., the average cost of the particular item represents the need. When there are two or more members of the household, and the recipient reports that he pays only his prorated share, the amount as paid is the need.

4. Household Operations

This includes cleaning supplies, replacement of ordinary household supplies and equipment, etc., and the amount shown in the Budget Schedule represents the minimum need for every individual unless his living plan is such that he has no responsibility for providing these items as is the case of one who pays board and room. There may occasionally be special needs in connection with household operations, and when the minimum amount as shown in the Budget Schedule is inadequate, the need for special items may be included as a special need. (See Sec. 155-50.)

5. Clothing

This covers minimum need for purchase of new clothing and for clothing renovation. If the clothing needs of the individual require a greater amount than shown in the Budget Schedule, additional need, if established as provided in Sec. 155-50, may be included as a special item of need.

(Section Continued on Next Page)

155-25 (Continued)

Page 3 of 155-25

The Budget Schedule is reviewed semi-annually, and revised when necessary. The schedule shall be used in each county. The amounts allowed for the various items for which a specific figure is set are based on an average of pricings throughout the State. They are mandatory unless different amounts have been determined on the basis of a pricing plan approved by the SDSW, except that the amounts for utilities may be those as paid, or the amounts set forth in the budget schedule. When the facts in the individual case establish that the need (not the want) of the recipient requires a larger amount than that shown in the Budget Schedule, the increased amount so determined may be included in the budget. (See "Explanation of Items of Need in Budget Schedule" in this section)

Only those items which represent the need of the individual recipient shall be included in his budget. For example, if the recipient has no expense for garbage removal, this item would be omitted from his budget. The Budget Schedule does not include a specific figure for special items of need. Any special items of need on the part of the individual would be included under "Special Needs" in his budget. These would fall largely in the category of special needs as set forth in Sec. 155-50, Definition and Determination of Special Needs in OAS. (W&IC 2021, 2140)

EXPLANATION OF ITEMS OF NEED IN BUDGET SCHEDULE:

1. Food

The smaller amount shown in the Budget Schedule represents the food allowance when the recipient has his meals at home, either alone or with a household group. The larger amount represents the food allowance when all meals are purchased in restaurants. If a physician has recommended a special diet and the cost is determined to be in excess of the amount allowed for food in the Budget Schedule, the excess is considered a "Special Need". (See Sec. 155-50, for information regarding special diets.)

When a recipient pays a stipulated amount for board, or pays for board and room, the amount of this item of need is the amount as paid.

2. Housing

A specific amount for the housing item is not set. Allowance is made on the basis of the recipient's living arrangement.

- (a) If the recipient pays rent, his housing need is the amount paid for rent. If two or more persons share the same quarters, the recipient's prorated share is his housing need.
- (b) If the recipient receives free rent, the estimated value of such free housing, as determined by the county, represents the amount of housing need. While due regard may be given to the actual value of such housing, the evaluation shall take into consideration the worth of the housing to one who has only limited funds available for his needs.

(Section Continued on Next Page)

155-25 (Continued)

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Example B: A single recipient lives in his own home, assessed value \$800. Taxes average \$3 per month, and a street assessment, required payments on which average \$1.05 per month, represents the only encumbrance. Upkeep is \$2 per month. He has no special needs. He receives OASI in the amount of \$10 per month.

<u>Total Need</u>		<u>Income</u>	
Food	\$19.85	Net value of	
Housing		occupancy	\$ 2.95 (\$4 less \$1.05)
Taxes	3.00	OASI	10.00
Assessment	1.05		<u>\$12.95</u>
Upkeep	2.00		
Net value of occupancy	2.95	* * * *	
Electricity	1.20		
Gas	1.85	Total need	\$55.45
Water	1.40	Total income	<u>12.95</u>
Household operations	3.50	Budget	
Clothing	5.65	deficiency	\$42.50
Incidentals	10.00		
Transportation	3.00	Grant \$42.50 or \$43.00	
	<u>\$55.45</u>		

Example C: A couple, each receiving OAS, live in their own encumbered home assessed at \$1000. Taxes average \$6 a month, required monthly payments on the total encumbrance are \$12. Upkeep is \$2 a month. The couple state their monthly utility needs are, electricity \$2.60, gas \$3.50, water \$1.50. The husband receives \$20 a month veteran's pension. Necessary medical care for the wife costs \$5 a month. The budget for the husband is as follows:

<u>Total Need</u>		<u>Income</u>	
Food	\$19.85	Net value of occupancy	None
Housing		Veteran's pension after	
Taxes	\$ 6.00	allowing $\frac{1}{2}$ for wife	<u>\$10.00</u>
Encumbrance	12.00		<u>\$10.00</u>
Upkeep	2.00	* * * *	
$\frac{1}{2}$ of	<u>\$20.00</u>		
Net value of occupancy*	None	Total need	\$55.80
Utilities**		Total income	<u>10.00</u>
Elec.	\$ 2.60	Budget deficiency	<u>\$45.80</u>
Gas	3.50		
Water	1.50		
$\frac{1}{2}$ of	<u>\$ 7.60</u>	Grant \$45.80 or \$46.00	
Household operations	3.50		
Clothing	5.65		
Incidentals	10.00		
Transportation	3.00		
	<u>\$55.80</u>		

(Section Continued on Next Page)

155-25 (Continued)

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6. Incidentals - Personal Needs

This item includes a wide variety of expenditures, as determined by the individual's personal habits and needs; for instance, hair cuts, toothbrushes and dentrifice, home medicine cabinet supplies, insurance, recreation, newspaper, community activities, etc. The amount shown in the Budget Schedule shall be included as the need of each recipient.

7. Transportation

This is for ordinary transportation needs. There may be occasions in which the actual need (not the want) of the recipient requires a greater amount, and when this is established the amount required is allowed.

There may be recipients who, because of their physical condition, have little use for transportation as such, but in lieu thereof require extra messenger and delivery service. In the rare case in which there is no need for transportation or for services in lieu thereof this item is omitted.

8. Special Needs

In addition to the items specifically set forth in the Budget Schedule, there may be other requirements of the individual such as those indicated in Sec. 155-50, i.e., medical care, dentures, etc. (WHE 2:40)

EXAMPLES OF DETERMINATION OF GRANT BY MEANS OF BUDGET SCHEDULE:

Example A: A single recipient living alone pays rent of \$20 a month. Rent includes water and garbage removal but does not include other utilities. Gas for cooking costs on an average of \$2.35 per month. The recipient has to buy wood for heating at an average cost of \$3.25 a month. He has no special needs. His only income is \$10 a month contribution from a son.

<u>Total Need</u>		<u>Income</u>	
Food	\$19.85	Contribution from son	\$10.00
Rent	20.00		
(including water)		* * * *	
Electricity	1.20		
Gas	2.35	Total need	\$68.80
Wood for heating	3.25	Total income	10.00
Household operations	3.50	Budget deficiency	\$58.80
Clothing	5.65		
Incidentals	10.00	Grant	\$50.00
Transportation	3.00		
	<u>\$68.80</u>		

(Section Continued on Next Page)

155-25 (Continued)

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At the expiration of a four-month period, aid must be reduced as the need for dentures no longer exists. If other conditions remain the same, and the need for medical care continues, his total need according to the budget method will then be \$61.50 instead of \$76.50. The grant is adjusted as follows:

Total need	\$61.50
Total income	29.00
Budget deficiency	<u>\$32.50</u>

Grant \$32.50 or \$33.00

Example E: A couple, both recipients, live in a three-room rear cottage on property owned by them. There is a five-room house on the same lot which is rented for \$40 a month. The water bill for both houses is \$4 a month and is paid by the couple. The total property is mortgaged, the required monthly payments being \$24, of which amount \$16 is interest and the balance is payment on the loan. The property is assessed at \$1800 and taxes average \$12 a month. The couple state their monthly utility needs are electricity, \$5.30 (used for lights and cooking). There are no special needs. Each spouse receives a \$10 contribution from a son. The budget for each spouse will be the same and is computed as follows:

<u>Total Need</u>		<u>Income</u>	
Food	\$19.85	Net value of occupancy	None
Housing*		Contribution from son	\$10.00
Net value of occupancy**	None	$\frac{1}{2}$ Net from rental***	4.91
Taxes	\$ 4.50		<u>\$14.91</u>
Encumbrance	9.00	Total need	\$53.15
Upkeep	2.00	Total income	<u>\$14.91</u>
$\frac{1}{2}$ of	<u>\$15.50</u>	Budget Deficiency	<u>\$38.24</u>
Utilities			
Electricity	5.30		
Water ($\frac{3}{8}$ x \$4.00)	1.50		
$\frac{1}{2}$ of	<u>\$ 6.80</u>		
Household operations	3.50		
Clothing	5.65		
Incidentals and personal needs	10.00		
Transportation	3.00		
	<u>\$53.15</u>		

Grant \$38.24 or \$39.00

*Since there are five rooms in the front house and three in the rear cottage the expenses of ownership on the property occupied is based on $\frac{3}{8}$ of the taxes, encumbrances, etc.

(Section Continued on Next Page)

155-25 (Continued)

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*To arrive at net value of occupancy (SEE SEC. 152-10, OCCUPANCY VALUE OF HOMES OWNED BY RECIPIENTS) deduct from the table value the recipient's share of the encumbrance payment. In this case the recipient's share of the encumbrance payment eliminates value of occupancy.

**The prorated share of utilities is allowed for each of the couple in computing his total need and each recipient fills in the affidavit at the bottom of the Budget Work Sheet (Form Ag 241) as to the amount of his share of the utilities for the household. (SEE SEC. 155-26, FORM AG 241, BUDGET WORK SHEET, AND INSTRUCTIONS FOR USE.)

The need of the wife is the same as that of her husband except that she has an additional need of \$5 per month for medical care. Therefore, her total need is \$55.80 plus \$5 or \$60.80, and her grant is determined as follows:

Total Need

\$60.80

Income

Net value of occupancy None
 $\frac{1}{2}$ of Veteran's pension
 received by husband \$10.00

* * * *

Total need \$60.80
 Total income 10.00
 Budget deficiency \$50.80

Grant \$50.00

Example D: A single recipient earns \$15.00 and in addition receives free rent and utilities in a rear cottage owned by a sister. The county has determined the value of free rent and utilities to be \$14 a month. There is no other income. The recipient has need for dentures and has made arrangements to purchase them, paying \$15 a month for four months. He also requires regular medical care which costs \$5.50 a month.

Total Need

Food	\$19.85
Rent and Utilities	14.00
Household operations	3.50
Clothing	5.65
Incidentals	10.00
Transportation	3.00
Dentures	15.00
Medical Care	5.50
	<u>\$76.50</u>

Income

Value of free rent and utilities	\$14.00
Earnings	15.00
Total income	<u>\$29.00</u>
* * * *	
Total need	\$76.50
Total income	29.00
Budget deficiency	<u>\$47.50</u>

Grant \$47.50 or \$48.00

(Section Continued on Next Page)

155-26 (Continued)

155-26

1. Food (Leave blank if board and room is paid.)

From the Budget Schedule enter the amount for food in accord with the recipient's living plan, i.e., the smaller amount if living alone or as a member of a household group, and the larger amount if eating all meals in restaurants. No verification of the amount is required and no entry is necessary in the "How Verified" column. If the recipient takes his meals on a board basis, or pays for board and room, enter the amount as paid. Verification shall be made, either through receipts in the recipient's possession, by his personal affidavit, or otherwise, and the method used is indicated in the "How Verified" column.

If the recipient pays board and room, leave the "Food" item blank, and also leave blank all other items above Item 5, "Board and Room." (See instructions for Item 5.)

2. Housing (Leave blank if board and room is paid.)

If the recipient lives in other than his own property, enter the rental paid or his prorated share if two or more persons share the same quarters. The amount shall be verified, either through receipts or the recipient's personal affidavit or otherwise, and the method of verification entered in the "How Verified" column.

If free rent is contributed by another, enter the estimated value as determined by the county. Enter "worker's evaluation" or some other appropriate statement in the "How Verified" column.

If the recipient lives in a home which he alone owns, complete the appropriate items for costs of ownership, including a \$2 allowance for upkeep. If there is a net value of occupancy under the provisions of Sec. 152-10, Net Income from Real Property, enter this amount also. If there is no net value of occupancy, enter "none" for this item. Record the total expenses of ownership and net occupancy value, if any.

When the recipient has an interest in the home with other persons, his prorated share of the expenses of ownership shall be shown, i.e., if home owned with wife, one-half of the expenses of ownership is entered; if owned jointly by three persons, one-third of the expenses of ownership is entered. (The value of occupancy, if any, is based on the total assessed value of the home.)

In the "How Verified" column, indicate the method by which taxes, encumbrances, etc., were verified, i.e., tax receipts, mortgage books, etc.

3. Utilities (Leave blank if board and room is paid.)

Enter the average amount as paid for the particular utility, or the amount shown in the Budget Schedule, in the appropriate space. When there is no need for the particular utility enter "none". If an amount is

(Section Continued on Next Page)

155-25 (Continued)

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**Value of occupancy of rear cottage is based on the occupancy table for $\frac{3}{8}$ of the total assessed value of the whole property (Sec. 152-10) less each spouse's share of $\frac{3}{8}$ of the required encumbrance payment.

***From the \$40 rental deduct $\frac{5}{8}$ of the taxes, $\frac{5}{8}$ of the interest (no deduction for principal payment), upkeep (determined according to formula, see Sec. 152-00), and $\frac{5}{8}$ of the water bill which the couple pay for the total property. Since the income property is community property, each spouse has one-half of the net income.

Example F: A recipient in feeble physical condition pays \$45 per month board and room in a rest home, where all services are provided. He is unable to leave the house, and has no need of transportation. He has income of \$21 per month from OASI benefits.

<u>Total Need</u>		<u>Income</u>	
Board and room	\$45.00	OASI	\$21.00
Clothing	5.65		
Incidentals	10.00	* * * *	
	<u>\$60.65</u>	Total need	\$60.65
		Total income	21.00
		Budget deficiency	<u>\$39.65</u>
		Grant	\$39.65

155-26 FORM AG 241, BUDGET WORK SHEET, AND INSTRUCTIONS FOR USE
OAS

155-26

In all cases in which the amount of the grant is determined on the basis of total need as established by the budget method, the case record shall include Budget Work Sheet (Form Ag 241), on which shall be recorded the full detail of the budget, the source and amount of income to be applied toward total need, and the verifications. Casual income and exempt agricultural income are not considered in determining the grant of aid and shall not be entered on Form Ag 241. (See Sec. 150-60, RECORDING OF CASUAL INCOME AND INCONSEQUENTIAL RESOURCES.)

GENERAL INSTRUCTIONS:

The budget work sheet will ordinarily be completed in long hand and shall be retained in the county record. Complete the identifying data in the upper right hand corner, and indicate if the recipient is living as a member of a household. If so, enter the number of individuals in the household.

ITEMS OF NEED AND HOW VERIFIED:

See Sec. 155-25, Total Need -- Determination by Budget, for the Budget Schedule and explanation of the various items in the budget.

(Section Continued on Next Page)

158-07 INDIVIDUALS TO WHOM MANDATORY STANDARDS OF CARE ARE APPLICABLE
ANC

158-07

Aid shall be granted in accordance with the ANC standard of adequacy with respect to children eligible to ANC and their caretaker (regardless of the caretaker's eligibility to general relief), except that when ANC is granted on a noncounty basis the county supplemental aid is granted as the county in its discretion may determine.

When the county includes in the determination of the amount of the grant the needs of the parent (other than the caretaker), ineligible minors, or the stepparent in accordance with the ANC standard, ANC may be granted as thus determined and the State will participate to the extent as provided in Section 1511 of the W&IC.

When the needs of other individuals in the household are not determined in accordance with the ANC standard, the county shall grant aid for them in accordance with general relief standards if they are otherwise eligible for general relief.

Individuals who are ineligible to general relief or other categories of aid may be granted such aid as the county in its discretion shall determine.
(W&IC 1511, 1560; AGO NS5811)

158-05 (Continued)

158-05

- c. Attendance at school during legal school age for every child who is capable of benefiting by formal education; vocational training, or an opportunity to obtain a higher education, when indicated.
 - d. Normal recreational activities and participation in community life.
 - e. Proper supervision in the absence of the mother or caretaker.
- 2. Provision for adequate health care. This includes physical examinations, preventive measures, correction of defects, hospital and out-patient service, periodic examinations of contacts with tuberculosis and other infectious diseases.
 - 3. For the child receiving foster care, a boarding home or institution meeting approved standards.
 - 4. Case work service which insures to each family and child the highest possible morale and security and the best adjustment to family and community life, and which will obtain for them the maximum benefit from community resources for their health, education, recreation, and general welfare. (W&IC 1511, 1560)

158-10 (I-B Continued)

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- d. For the unemancipated employed minor, allowances for (1) meals away from home; (2) dental and medical care unless available without cost; (3) transportation; (4) clothing, and incidental expenses in addition to the amounts given in the basic budget schedule; (5) carrying out an educational or other plan which has the approval of the county worker; unless the county follows the method of deducting these items from minor's earnings in determining the net income to the family budget unit from this source. (SEE SECTION D 8, METHOD 2 IN THIS SECTION.)
- e. Other special needs indicated in the individual case. (SEE D OF THIS SECTION.)

C. Relating Monthly Requirements to the Budget Schedule

The requirements of the family budget unit shall be estimated on a monthly basis.

In computing the budget for the family budget unit the county worker shall:

Explain to the applicant/recipient the composition of the budget schedule, its limitations and reason for such limitations.

Record the initial discussion and all subsequent discussions of the family's circumstances, including a statement of any special needs, how they were determined, and whether they will be included in the budget or met in some other way, or cannot be met under the plan.

(Section Continued on Next Page)

158-10 DETERMINATION OF NEED AND THE AMOUNT OF GRANT FOR
CHILDREN IN FAMILY GROUPS
ANC

Page 1 of 158-10

I. RULINGS AND REGULATIONS GOVERNING FAMILY BUDGET CASES

A. Standard of Adequacy

Counties shall use as a standard of economic adequacy for basic recurring needs, the current quantity cost ANC budget schedule, or a comparable adequate schedule which is commensurate with current prices and which has the approval of the SDSW.

B. Total Requirements

Within the limitations of the law and controlling rulings, total requirements of the family budget unit and its individual members shall be taken into consideration in computing the budget for the family budget unit and need not be confined to the immediate requirements of the family but may include long-time needs for which the family has developed a plan.

Total requirements shall include:

1. Basic recurring needs as priced in the quantity cost schedule, food, clothing, and personal needs of each person in the family budget unit, and family allowances for housing, utilities, household operation, education and incidentals.
2. Requirements in addition to usual recurring needs, when indicated in the individual case, that is:
 - a. Special diets on recommendation of a physician, clinic, or public health department.
 - b. Unusual repairs or replacements, or equipment. For instance, lumber for extensive repairs not included in normal items of upkeep; payment on needed furniture.
 - c. Salary of housekeeper or caretaker, when necessary and desirable for the best interests of the child, and an additional amount for food when the housekeeper lives with the family.

(Section Continued on Next Page)

230-60 (Continued)

230-60

the finances and property of the ward such as authorization for financial investigation, property conveyances, financial contracts, warrants, etc. If aid is granted, the warrants shall be made out to the guardian of the estate and shall be delivered to him.

Only his endorsement of such warrants is valid and the guardian's signature should be included in the county signature file.

A guardian of both the person and estate has entire responsibility for the person of the ward and his financial affairs. Only his signature is valid on any and all documents relating to the ward or his financial affairs. (W&IC 2140, 3075, 3460; PROB. C 1460 ET. SEQ.)

When a guardian of the person or of the estate, or of both the person and the estate, has been appointed prior to the date aid is granted, Summary of Letters of Guardianship (Form DPA 5) shall be submitted to the SDSW with the Certificate of Verification of Eligibility (Form Ag, Bl 201). (SEE SEC. 250-05, REPORTING ACTION ON APPLICATIONS TO SDSW. A copy of Form DPA 5 shall be attached to each copy of the Form Ag, Bl 201 retained for county use. (SEE FORM DPA 5 IN SEC. 250-99, FORMS USED IN INVESTIGATION PROCEDURE.)

When a guardian is appointed subsequent to the granting of aid, report shall be made to the SDSW in accord with the following procedure:

1. Guardian of the estate (or person and estate)--A Notice of Change (Form Ag, Bl 232) reporting the change of payee effective with the first of the month following the date letters of guardianship were issued shall be submitted to the SDSW. Form DPA 5 shall be submitted at that time.
2. Guardian of person only--Form DPA 5 shall be completed during the next annual reinvestigation and forwarded to the SDSW.

When a recipient who has a guardian of the person, or the estate, or both, moves to another county and transfer arrangements are contemplated, it shall be the responsibility of the first county to notify the second county of the guardianship by attaching a copy of Form DPA 5 to the Notification of Transfer (Form Ag, Bl 215), forwarded to the latter county. (An individual who has a guardian of the person is not capable, himself, of exercising the requisite intent to establish residence; but the guardian may, by expression or action, fix the residence for his ward.) (W&IC 2140, 3075, 3460)

When the letters of guardianship are vacated and a recipient's guardian discharged, or guardianship is terminated by the death of guardian, the county shall notify the SDSW immediately giving date of termination. Notification shall be made by submission of a Notice of Change (Form Ag, Bl 232). When the guardian was of the estate or of the person and estate, the Notice of Change shall report the change in payee.

The costs of guardianship, i.e., court costs, attorney and bonding fees, etc., do not constitute a need of the individual to be considered in determining the grant of aid, and such costs may not be paid from the grant of aid.

(Section Continued on Next Page)

230-45 (Continued)

230-45

3. Contemporaneity of a record with the event it records gives a document substantial importance. A record of birth made at the time of birth, for example, would have greater validity than a registration within the past two years of a birth occurring prior to that time. Facts often become distorted with time and records made later than the event itself may be colored by motives other than that of making a record for the record's sake.

Documentary evidence such as public records may be more accurate than other types of evidence. When information secured during the investigation raises a question concerning the validity of documentary evidence, further inquiry is necessary. The document's source should be evaluated when there is reason to question its adequacy. When a public record is based on a personal affidavit made after the event, the affiant's motives and basis of his knowledge should be considered in determining the relative value of the document. Original documents may be more reliable than copies of such documents since one source of error, that of miscopying, is avoided.

The source of all data establishing eligibility shall be given in the case record. When the worker has reason to question a statement of a reference, the reason for such doubt should be clearly indicated. Observation of the worker may indicate the informant's attitude and character and, as such, may be important. Observation should, however, be specifically reported as impressions and supported by a full account of the events, occurrences, or behavior which the worker noted. (W&IC 1560, 2140, 3075, 3460; FSSB)

230-60 GUARDIANSHIP
OAS, ANB, APSB

230-60

Guardians are appointed for persons adjudged unable to manage and care for themselves or their property without assistance. Only a person who has been granted letters of guardianship by a court of competent jurisdiction may act as guardian. (SEE GLOSSARY--GUARDIAN AND WARD FOR DEFINITION OF TERMS, METHOD OF APPOINTMENT, ETC. SEE SEC. 201-10, PERSON MAKING APPLICATION.)

One who is guardian of the person only may not act for his ward in financial matters. Therefore, the signature of the ward and that of the guardian of the person are required on the Application (Form Ag, Bl 200), Recipient's Affirmation of Eligibility (Form Ag, Bl 206), or other documents relating both to the person and to the financial affairs of the ward. The signature of the guardian of the person is the only signature required on affidavits or other documents pertaining to the person or whereabouts of the ward such as age, citizenship, residence, etc. Guardianship of the person does not affect the payment of aid, and warrants shall be made payable to the recipient whose signature remains valid on all financial documents.

One who is guardian of the estate only has no responsibility for the person or whereabouts of his ward. His signature and that of the ward are required on Forms Ag, Bl 200, and Ag, Bl 206, or other documents relating to both the person and to the financial affairs of the ward. The signature of the guardian of the estate is the only signature required on documents pertaining solely to

(Section Continued on Next Page)

462-10 TYPES OF LEAVE OF ABSENCE

462-10

Under the Extramural Program of the SDMH patients from mental hospitals may be placed on three types of leave:

1. Home leave - The great majority of patients on leave (about 7/8), are on what is called "home leave," with relatives or friends who accept responsibility for their supervision. Most of these patients are productive members of society.
2. Work Leave - About 1/10 of the patients on leave of absence are placed on "work leave," where they live at the place of their employment and receive supervision from their employer. Such patients always receive compensation for their services.
3. Family Care (Foster Home Care) - This type of leave refers to placement of a patient in a home other than that of a relative or friend. About 1/20 of the patients on leave are being supervised in "family care." Patients placed in this type of care are, for the most part, those who require normal home surroundings and do not have to be hospitalized. Such placements are financed through private sources including the patient's own estate or contributions from relatives or friends, from hospital funds, or by OAS or ANB grants of aid.

In planning family care placement, careful consideration is given to the patient's condition in relation to the contemplated placement. No patient is released who is noisy, destructive, violent, suicidal, bedridden, contentious, suffering from delusions of persecution or who manifests anti-social behavior. Patients are selected on the basis of their ability to get along. Often they are more amenable to supervision than some pre-institutional cases residing in the community. Particular care is taken in the supervision of these patients since there are usually no friends or relatives to assist. Social workers visit at least once a month and arrangements are made for psychiatric and medical care as needed. Should such care be an extended need, the patient is returned to the State hospital if local arrangements cannot be made, particularly in the event of an emergency.

The Department is authorized to pay up to \$45 per month for family care patients who are indigent. In addition, clothing and money for incidental expenses are supplied these patients by the hospitals. (SDMH)

THE EXTRAMURAL PROGRAM OF THE STATE DEPARTMENT OF MENTAL HYGIENE

462-00 PURPOSE OF THE EXTRAMURAL PROGRAM

462-00

Through the inauguration of the Extramural Program of the State Department of Mental Hygiene, it became possible to utilize more fully those potentialities for outside care of mental patients that had hitherto remained undeveloped.

The primary purpose of the program is a therapeutic one, to benefit patients no longer in need of State hospital care by providing additional placement opportunities and more adequate social work supervision. The program can be thought of as offering services to those patients in need of them. (SDMH)

462-05 THE LEAVE OF ABSENCE PROCESS

462-05

Services begin with the patient's admission to the hospital, through the taking of initial social histories, and in the establishing of relationships with the patient's family and friends. They continue throughout the patient's stay at the hospital for the purpose of assuring the patient's adjustment, both in the institution and ultimately, on leave of absence or discharge.

At the time a patient is considered ready to leave the hospital, a plan is made for the patient's care on the outside, usually based upon a survey of all the factors to be considered prior to release. The plan of leave, before it is placed into effect, is usually approved by the psychiatric staff of the hospital. If the patient is released on leave of absence, supervision is provided by psychiatric social workers. Leave of absence clinics are conducted where the psychiatrists participate and are utilized for those patients requiring more than a social worker's supervision. When it becomes necessary to make arrangements for a patient's return from leave, this is done by the hospital should relatives or friends be unwilling to accept the responsibility.

The SDMH acknowledges its responsibility for the care of all persons within its jurisdiction, whether in a hospital or on leave of absence. This is not construed to mean that patients on leave of absence would be precluded from community benefits for which they would otherwise be eligible. The usual period of leave is one year, which allows for sufficient time to judge the patient's possibility of adjustment in the community. Once discharged from leave of absence, a patient is no longer under the jurisdiction of the hospital and can only be returned by the established admission procedures. (SDMH)

When a person has been committed to the SDMH for placement in a State hospital or State home, that Department may apply to a court of competent jurisdiction for appointment as guardian of the estate only. The SDMH usually applies for guardianship when no relatives or close friends in California are able or willing to act as guardian.

The court proceedings are instituted by the Secretary of the Department upon the recommendation of the superintendent of the State hospital when it appears that the patient has property and is unable to manage his property himself.

Appointment of a guardian is not required by the SDMH as a condition before leave of absence is granted to a patient. If there is any doubt of the person's ability to manage his own affairs, guardianship proceedings are recommended to the relatives or to the SDMH by the hospital.

When the need for appointment of a guardian occurs after the person has been placed on a leave of absence, guardianship proceedings are arranged by the SDMH with relatives or, if this is not possible, the arrangements for guardianship are made by the SDMH.

When the SDMH acts as guardian for recipients of OAS, ANB, APSB, or parents of children receiving ANC, no fees of any kind are charged, nor are court costs required to be paid.

The SDMH procedure in guardianship cases is governed by the Probate Laws relating to guardianship. The Department files current reports and accounts to the Superior Court of the county in which the action is filed, disclosing all of the assets, receipts and disbursements. No bond premiums are required in any of the guardianship estates undertaken by the SDMH. The Department's interest as guardian is primarily for the benefit of the patient. (SDMH)

462-15 LICENSING OF HOMES FOR FAMILY CARE

462-15

The SDMH is authorized to issue licenses without fee to private homes caring for family care patients up to six in number. Patients in family care may be placed only in homes licensed by the SDMH. The homes selected are generally to be found in rural areas. Inspection by a psychiatric social worker and a county health officer is required before a license is issued. The boarding home caretaker is advised on certain elementary rules of care and is expected to fulfill certain minimum requirements under the law. These homes may not care for mental patients other than those placed in family care by the SDMH. (SDMH)

462-20 SUPERVISION OF PATIENTS ON LEAVE OF ABSENCE

462-20

Patients on leave of absence under the SDMH Extramural Program who have been placed in family care and work leave are visited by the social worker at least once a month. Patients on leave in their own homes are generally seen less frequently, as friends or relatives assist in their supervision. (SDMH)

612-99 (Continued)

612-99

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

CERTIFICATE OF DELIVERY OF PAYMENT OF AID
AID TO THE BLIND

To: State Department of Social Welfare
616 K Street
Sacramento 14, California

County SacramentoDate February 6, 1946State No. Sac 0000 B1 County No. 1110

THIS IS TO CERTIFY, That John Johnson 1931 Circuit Drive, Sacramento
Name of recipient Address

left Sacramento County Hospital on February 4, 1946
Institution Date

and that on February 4, 1946, I personally delivered to the above-named grantee,
Date

Warrant No. 67890 in the amount of \$ 60.00 for the month of February, 1946,

representing aid provided under the ☒ Aid to Needy Blind Law.

☐ Aid to Partially Self-supporting Blind
Residents Law.

I further certify that at the time and place of delivery of this warrant **that**
recipient was not an inmate of a public institution.

(Signature) Alice GravesTitle Public Assistance Worker

Note.--This form is to be completed and certified by the person delivering the
warrant to a grantee who is leaving a public institution if aid is granted
prior to date of release of grantee from institution.

One copy to be forwarded to State Department of Social Welfare, 616 K
Street, Sacramento

FORM BL 231 (REVISED), NOVEMBER, 1945

(Section Continued on Next Page)

612-99 PAYMENT OF AID FORMS
OAS, ANB, APSB

612-99

FORM AG 231 (REVISED)--MAY, 1942
(FORMERLY AG 38)
STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
CERTIFICATE OF DELIVERY
OF PAYMENT OF AID

FORM AG 231

CERTIFICATE OF DELIVERY OF PAYMENT OF AID
OLD AGE SECURITYTo: State Department of Social Welfare
616 K Street
Sacramento, CaliforniaCounty SacramentoDate August 10, 1942State No. Sac 0000 Ag County No. 1111THIS IS TO CERTIFY, That John Doeleft the Old Men's Home on August 7, 1942
Institution Dateand that on August 10, 1942 I personally delivered to the above named grantee,
DateWarrant No. 8899 in the amount of \$40.00 for the month of August, 1942,
representing aid provided under the Old Age Security Law.I further certify that at the time and place of delivery of this warrant
that recipient was not an inmate of a public institution.(Signature) Jewel KingTitle Public Assistance WorkerNote.--This form is to be completed and certified by the person delivering the
warrant to a grantee who is leaving a public institution if old age secu-
rity is granted prior to date of release of grantee from institution.One copy to be forwarded to State Department of Social Welfare, 616 K
Street, Sacramento.

(Section Continued on Next Page)

Form Number	Name of Form	Reproduced	Instructions
*Ag 801H	Claim for State Aid for Care of Former OAS Recipients in County Institution . .	629-99	627-25
*Ag 802	Recapitulation Sheet	629-99	626-00 thru 628-20
*Ag 802	Recapitulation Sheet (Supplement for prior months)	629-99	626-50
Ag 803	Report of Adjustments	629-99	671-50 thru 672-50, 673-75 thru 674-10
Ag 804	Report of Cancelled Warrants	629-99	628-05, 628-06
Ag 805	Report of Collections	629-99	671-50, 673-00 thru 674-10
*Ag 807	Administrative Expense Affidavit	646-99	
Ag 808	Notice of Repayment	674-99	671-50 thru 674-10
*Ag 809	County Report of Estimated Quarterly Expenditures and Funds Made Available . .	601-99	

*B1 200	Application for Aid to the Blind	215-99	202-20
B1 201	Certificate of Verification of Eligibility	250-99	237-50
*B1 202	Report of Investigation	250-99	236-20
*B1 203	Summary of Information From Review of Documentary Evidence of Age	250-99	231-10
*B1 204	Applicants Affidavit of Intent as to Residence	250-99	232-05
B1 206	Recipient's Affirmation of Eligibility . .	353-99	352-20
B1 215	Notification of Transfer	370-99	370-00
B1 216	Affidavit of Residence of a Recipient . .	370-99	
B1 217	Notification to Recipient who Changes County Residence	370-99	
B1 218	Notice to Recipient of Effective Date of Transfer	370-99	
B1 221	Affidavit of Residence of Applicant . . .	250-99	232-10
B1 225	Statement of Responsible Relative	250-99	234-00
B1 227	Physician's Report of Eye Examination . .	250-99	235-00
B1 228	Authorization for Financial Investigation	250-99	
B1 230	Social Data Record Card	289-99	285-00 thru 287-90

*Obtainable free of charge from SDSW.

Forms not marked with an asterisk (*) are available from State Bureau of Purchases, Supply Department, State Office Bldg. No. 1, Sacramento 14, Calif.

Forms Reproduced in Manual - Listed by Number

Form Number	Name of Form	Reproduced	Instructions
Ag 200	Application for Old Age Security.	215-99	202-20
Ag 200B	Application by Authorized Representative of Applicant	215-99	201-12
Ag 201	Certificate of Verification of Eligi- bility	250-99	237-10
Ag 202	Report of Investigation	250-99	236-20
Ag 203	Summary of Information from Review of Documentary Evidence	250-99	236-00
Ag 204	Affidavit of Intent as to Residence . . .	250-99	232-05
Ag 206	Recipient's Affirmation of Eligibility. .	353-99	352-15
Ag 215	Notification of Transfer.	370-99	370-00
Ag 216	Affidavit of Residence of a Recipient . .	370-99	
Ag 217	Notice to Recipient Who Changes County Residence.	370-99	
Ag 218	Notice to Recipient of Effective Date of Transfer.	370-99	
Ag 221	Affidavit Regarding Residence of Applicant.	250-99	232-10
Ag 225	Statement of Responsible Relative of Applicant.	250-99	234-00
Ag 228	Authorization for Financial Investigation	250-99	
Ag 230	Social Data Record Card	289-99	285-00 thru 327-90
Ag 231	Certificate of Delivery of Payment of Aid	612-99	610-70
Ag 232	Notice of Change.	365-99	362-00 thru 362-50
*Ag 235	Certification of Applicants Release from State Hospital	612-99	610-75
*Ag 237	Monthly Statistical Report.	569-99	500-00 thru 563-60
Ag 239	Notification of Action by Board of Supervisors.	250-99	250-10
Ag 239A	Notification of Suspended (Withheld) Aid Payments	250-99	361-80
Ag 241	Budget Work Sheet	155-26	
*Ag 800	Aid Affidavit	629-99	626-00 thru 628-20
*Ag 800H	Affidavit to Accompany Monthly County Institutional Claim.	629-99	627-25
Ag 801	Claim for Federal and State Aid	629-99	626-00 thru 628-20

*Obtainable free of charge from SDSW.

Forms not marked with an asterisk (*) are available from State Bureau of Purchases, Supply Department, State Office Bldg. No. 1, Sacramento 14, Calif.

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PUBLIC ASSISTANCE PROGRAM

Form Number	Name of Form	Reproduced	Instructions
CA 34-DFA	(See Form CA 805)		
CA 200	Application for ANC.	215-99	202-20
CA 201	Certificate of Verification of Eligibility	250-99	237-75
CA 203	Summary of Information from Review of Documentary Evidence.	250-99	236-10
CA 204	Affidavit of County Residence.	250-99	
CA 206	Applicant's Affirmation of Eligibility . .	353-99	
CA 213	Statement of Attendance.	250-99	235-20
CA 214	Notice of Termination of Attendance. . .	250-99	235-20
CA 215	Notification of Transfer	370-99	370-00
CA 216	Affidavit of County Residence.	370-99	
CA 217	Notification Concerning Change of County Residence	370-99	
CA 218	Notification of Effective Date of Transfer.	370-99	
CA 220	Affidavit Concerning Father's Absence. . .	250-99	235-45, 193-15
CA 221	Affidavit of State Residence	250-99	232-10
CA 228	Authorization for Financial Investigation.	250-99	
CA 230	Social Data Record Card.	289-99	285-00 thru 288-55
CA 232	Notice of Change	365-99	363-00 thru 363-25
CA 234	Statement Re Non-County Residence. . . .	250-99	232-27
*CA 237	Monthly Statistical Report	569-99	500-00 thru 563-00
CA 239	Notification of Action by the Board of Supervisors	250-99	250-10
CA 239A	Notification of Suspended (Withheld) Aid Payments.	250-99	361-80
*CA 240	Report on Incapacitated Father	196-05	196-00 thru 196-20
*CA 242	Report on Tuberculous Father	195-05	195-00
*CA 245	Affidavit of Parent of Child Receiving Foster Care	158-30	158-30
*CA 800	Aid Affidavit.	629-99	626-00 thru 628-20
*CA 800-BHI	Aid Affidavit.	629-99	626-00 thru 628-20
*CA 800-I	Aid Affidavit.	655-99	655-00 thru 655-80

*Obtainable free of charge from SDSW.

Forms not marked with an asterisk (*) are available from State Bureau of Purchases.
Supply Department, State Office Bldg. No. 1, Sacramento 14, Calif.

Form Number	Name of Form	Reproduced	Instructions
B1 231	Certificate of Delivery of Payment of Aid	612-99	610-70
B1 232	Notice of Change	365-99	362-00 thru 362-50
*B1 235	Certification of Applicant's Release from State Hospital	612-99	610-75
*B1 237	Monthly Statistical Report	569-99	500-00 thru 563-20
B1 239	Notification of Action by the Board of Supervisors	250-99	250-10
B1 239A	Notification of Suspended (Withheld) Aid Payments	250-99	361-80
*B1 244	Plan for Rehabilitation.	250-99	233-55
*B1 M506	Notification to County of Action on Physicians Report	250-99	235-00
*B1 M515	Notification to County of Necessity for Reexamination	250-99	235-00
*B1 800	Aid Affidavit.	629-99	626-00 thru 628-20
*B1 800-H	Affidavit to Accompany Monthly County Institutional Claim	629-99	627-25
B1 801	Claim for Federal and State Aid.	629-99	626-00 thru 628-20
*B1 801-H	Claim for State Aid to Former ANB Recip- ients in County Institution.	629-99	627-25
*B1 802	Recapitulation Sheet	629-99	626-00 thru 628-20
B1 803	Report of Adjustments.	629-99	671-50 thru 672-50, 673-75 thru 674-10
B1 804	Report of Cancelled Warrants	629-99	628-05, 628-06
B1 805	Report of Collections.	629-99	671-50, 673-00 thru 674-10
*B1 807	Administrative Expense Affidavit.	646-99	
*B1 808	Notice of Repayment.	674-99	671-50 thru 674-10
*B1 809	County Report of Estimated Quarterly Ex- penditures and Funds Made Available. . .	601-99	

*Obtainable free of charge from SDSW.

Forms not marked with an asterisk (*) are available from State Bureau of Purchases, Supply Department, State Office Bldg. No 1, Sacramento 14, Calif.

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DPA 1	Request for OASI Information	250-99	233-35
DPA 2	Inquiry Form for Determining Presumptive Eligibility of a Wage-Earner for OASI Benefits.	250-99	233-35
DPA 3	Inquiry Form for Determining Presumptive Eligibility of Other Than a Wage-Earner for OASI Benefits	250-99	233-35
DPA 4	Face Sheet	250-99	236-20, 236-30
DPA 5	Summary of Letters of Guardianship	250-99	230-60
*DPA 6	Appeal to SDSW as to Responsibility for Support	330-99	330-00
*DPA 8	Notice to Applicant who Withdraws application	250-99	250-00
*DPA 10	Monthly Statistical Report on Public Assistance Reinvestigations	569-99	565-00
DPA 13	Appeal to the SDSW	330-99	
DPA 14	Basis of Appeal Before the SSWB.	330-99	
DPA 15	Stipulations in an Appeal to the SSWB.	330-99	
.			
*Gen M29	Appeal Withdrawal Form	330-99	325-45
*Gen M48	Budget Work Sheet - ANC.	158-10	158-10
*CR 237	Monthly Statistical Report (General Relief)	569-99	564-05 thru 564-50

*Obtainable free of charge from SDSW

Forms not marked with an asterisk (*) are available from State Bureau of Purchases, Supply Department, State Office Bldg. No. 1, Sacramento 14, Calif.

Form Number	Name of Form	Reproduced	Instructions
CA 801	Claim for Federal and State Aid	629-99	626-00 thru 628-20
CA 801-BHI	Monthly Claim for Children in Boarding Homes and Institutions	629-99	626-00 thru 628-20
*CA 801-I	Monthly Claim by Children's Institutions	655-99	655-00 thru 655-80
*CA 802	Recapitulation Sheet.	629-99	626-00 thru 628-20
CA 803	Report of Adjustments	629-99	671-50 thru 672-50, 673-75 thru 674-10
CA 804	Report of Cancelled Warrants.	629-99	628-05, 628-06
CA 805	Report of Collections**	629-99	671-50, 673-00 thru 674-10
*CA 807	Administrative Expense Affidavit.	646-99	
*CA 808	Notice of Repayment	674-99	671-50 thru 674-10
*CA 809	County Report of Estimated Quarterly Ex- penditures and Funds Made Available. . .	601-99	

*CWS 1	Monthly Claim for Federal Grant	800-99	800-57 thru 800-85
*CWS 51	Children Accepted for Service	800-99	800-40 thru 800-55

DFA 42	Employee's Individual Daily Time Record .	646-99	
DFA 43	County Employees Monthly Time Record. . .	646-99	
*DFA 64	Administrative Expense Worksheet for Salaries and Wages	646-99	
*DFA 64A	Administrative Expense Worksheet for Maintenance, Operation, and Capital Outlay	646-99	
*DFA 64B	Summary of County Employees Paid Less Than Full Time Monthly Salary.	646-99	
*DFA 64 Alter-	Administrative Expense Worksheet for nate Salaries and Wages	646-99	
*DFA 64A Al-	Administrative Expense Worksheet for ternate Maintenance, Operation, and Capital Outlay	646-99	
*DFA 117	Request for Approval of Expenditures for Repairs and Alterations.	646-99	
*DFA 140	Claim for Transportation of Needy Children	685-99	

*Obtainable free of charge from SDSW

**Form CA 805 is now numbered CA 34-DFA, and is sold by the Bureau of Purchases under that number.

Forms not marked with an asterisk (*) are available from State Bureau of Purchases, Supply Department, State Office Bldg. No. 1, Sacramento 14, Calif.

FORM BL 200

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

State Number _____

County Number 0560

Former State Number, If a Transfer or Reapplication _____

APPLICATION FOR AID TO THE BLIND

STATE OF CALIFORNIA—COUNTY OF Sacramento

To the Honorable Board of Supervisors:

I, Gale Denton, a MARRIED person residing at 2106 Broadway
Print or Type Name in Full MARRIED Street No. or R. F. D. (If in institution give name)City Sacramento, County of Sacramento California
Post OfficeHEREBY CERTIFY That to the best of my knowledge and belief I am eligible for ☐ Aid to Needy Blind
to wit: ☒ Aid to Partially Self-Supporting Blind Residents1. Blindness: I am blind to the extent—Totally X Partially _____
Degree if known _____ I have been blind since _____2. Age: I have attained the age of sixteen years. Birthdate 9/18/11 Sex Female3. Residence: A. I have resided in California since September 18, 1911B. I have resided in the County of Sacramento since January 15, 1930

C. I have resided in the following counties during the past ten years:

NAME OF COUNTY	FROM DATE	TO DATE
<u>Sacramento</u>	<u>January 15, 1930</u>	<u>Present</u>

4. Real Property: A. I live in a home which I own in whole or in part yes _____
Yes _____ No _____(1) \$1900.00 \$200.00
County assessed value Encumbrance of recordB. I own other real property yes _____
Yes _____ No _____(1) \$2100.00 \$1200.00
County assessed value Encumbrance of record5. Assessed Personal Property: I own assessed personal property \$ 250.00 \$ none
County assessed value Encumbrance of record6. Cash and Securities: I have—A. Cash \$ 75.00
TOTAL AMOUNTB. Insurance \$ none
TOTAL FACE VALUEC. Other securities \$ none
TOTAL AMOUNT7. Relatives: I have the following responsible relatives (spouse, adult children, parents) and receive support from them in the amount of \$ none

	NAME	ADDRESS
SPOUSE	<u>James Denton</u>	<u>2106 Broadway, Sacramento</u>
ADULT CHILDREN	<u>none</u>	
FATHER	<u>Carl Hansen</u>	<u>191 Ash Street, Portland, Oregon</u>
MOTHER		

8. Income: I have a monthly income of \$ 27.00 Property rentals
AMOUNT SOURCE

9. Rehabilitation:

A. I am willing to use income and resources which I am permitted to retain for the purposes of achieving self-support. Yes _____
No _____B. I have had rehabilitation training. Yes X No _____C. I am receiving rehabilitation training. Yes X No _____D. Type of training Power Machine work at Field Center for the BlindE. I am engaged in an enterprise from which I expect to become independent of public assistance and entirely self-supporting.
Yes X No _____F. Type of enterprise Power MachineG. I now have employment. Yes X No _____H. Name of employer Field Center for the Blind, 1011 13th Street, SacramentoI. My employment in the past has been Housewife10. Education: I have attended—Grade School 8 yrs. High School 4 yrs. College 1 1/2 yrs.
Number of years Number of years Number of years11. Physical Condition: I am in good health.
Good—Fair—Poor

12. Alms: I do not solicit alms.

13. Need: I am in need.

FORM BL 200 (revised)—July, 1945

(For reverse of form see next page)

(Section continued on next page)

215-99 Application Forms
OAS; ANB; APSB; ANC

215-99

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE FORM Ag 200.

Application for Old Age Security

STATE OF CALIFORNIA

STATE No. _____

COUNTY OF SacramentoCOUNTY No. A-6578

To the HONORABLE BOARD OF SUPERVISORS:

I, Moses Moe

PRINT OR TYPE NAME IN FULL

residing at 616 K Street

Former State No. if a transfer or reapplication

Street number or R. F. D.

City Sacramento, County of Sacramento, California

herewith apply for Old Age Security under provision of Chapter 1, Division 3, Welfare and Institutions Code.

I believe I am eligible for Old Age Security, to wit:

1. I have attained the age of 65 years, or will be 65 years of age within 60 days from this date.

Birth date 12-3-80

2. I am a citizen of the United States. Birthplace
- River Falls, Calaveras Co. Calif.

3. I have resided in the State of California for at least one year immediately preceding the date of this application, and for at least 5 years within the 9 years immediately preceding this application.

4. I have resided in the County of
- Sacramento
- since
- 10-10
- 19
- 43

5. I have not made any assignment of property in order to qualify for Old Age Security.

6. a. I do not own real property with an assessed value less all encumbrances thereon of record, in excess of three thousand dollars (\$3,000.00);

- b. The combined real property of my spouse and myself does not have an assessed value less all encumbrances thereon of record, in excess of three thousand dollars (\$3,000.00).

7. I do not have personal property the value of which, less all encumbrances thereon of record, is in excess of six hundred dollars (\$600.00).

8. I am in need.

9. My spouse's name is
- Miranda Moe

Address (deceased)

10. I have
- 4
- living children.

11. I agree to assist, to the best of my ability, in disclosing my financial condition and that of my spouse and to give all information necessary to establish eligibility for aid under this chapter.

STATE OF CALIFORNIA

COUNTY OF Sacramento } ss.

I solemnly swear or affirm that the statements made herein are true and correct to the best of my knowledge and belief and that I will notify the county authorities promptly of any change in my condition or financial affairs.

Moses Moe

SIGNATURE OR MARK OF APPLICANT

NOTE—When the applicant can not sign his name, the signatures of two witnesses to his mark must appear.

WITNESS TO MARK

WITNESS TO MARK

Subscribed and sworn to before me this 15th day of November 1945Name Mary Jones Title Deputy Co. Clerk

SIGNATURE OF PERSON QUALIFIED TO ACKNOWLEDGE AN AFFIDAVIT

County submit one copy to State Department of Social Welfare, Sacramento, accompanied by Form Ag 201 and Form Ag 230 after action by County Board of Supervisors

Section 4295, Political Code, as amended by 1939 Legislature provides, in part: (5) "Whenever the oath of an affiant or the affidavit of a person is necessary in order that a person may obtain charity or relief from any agency or department of the United States Government, the State of California, or any political subdivision thereof, no fee shall be charged for the taking of such oath."

FORM AG 200 (revised)—July, 1945

(Section continued on next page)

215-99 (Continued)

215-99

FORM CA 200

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

APPLICATION FOR AID TO NEEDY CHILDREN

STATE OF CALIFORNIA

STATE NO. _____

COUNTY OF SacramentoCOUNTY NO. 62476Former State Number if Reapplication, Transfer,
or Additional Child

To the Honorable Board of Supervisors:

I, Jane Doe mother
Name of Applicant (PRINT OR TYPE NAME IN FULL) Relationship to Children
 residing at 616 K Sacramento City hereby make application for
Address
 Aid to Needy Children under provisions of Division 2, Part 2, Chapter 1, of the Welfare and Institutions Code, for
 the following children who are under eighteen years of age:

1. Surname	Address	Surname	Address
<small>GIVEN NAME STREET AND CITY</small>	<small>GIVEN NAME STREET AND CITY</small>	<small>GIVEN NAME STREET AND CITY</small>	<small>GIVEN NAME STREET AND CITY</small>
<u>Doe</u>	<u>616 K Street, Sacramento</u>	<u>Doe</u>	<u>616 K Street, Sacramento</u>
<u>John</u>	<u>616 K Street, Sacramento</u>	<u>Jerry</u>	<u>616 K Street, Sacramento</u>
<u>Jane</u>	<u>" " " "</u>	<u>Doris</u>	<u>" " " "</u>
<u>Thomas</u>	<u>" " " "</u>		
<u>William</u>	<u>" " " "</u>		
<u>James</u>	<u>" " " "</u>		
<u>Dorothy</u>	<u>" " " "</u>		

2. Each child qualifies for aid under one of the following classifications:

- | | | |
|---|--|------------------------------|
| A. Orphan | D. Child of a parent under commitment to a State or Federal prison or hospital | G. Abandoned by both parents |
| B. Half-Orphan | E. Child of incapacitated father | H. Illegitimate |
| C. Child whose father has been absent for three years | F. Child of tuberculous father | I. Foundling |

3. Each child has residence in the State of California for one or more of the following reasons:

- A. Physical presence in the State of California for at least one year immediately preceding the date of application.
 B. Birth in the State of California.
 C. Residence of parent or parents in the State of California for at least one year immediately preceding the date of application.

4. Each child is in need for the following reasons:

- A. Child(ren) and/or parents do not own real property with an assessed valuation in excess of \$3,000.
 B. Child(ren) and/or parents do not have cash and/or securities in excess of \$500.
 C. No transfer or assignment of property owned by parents and/or child(ren) was made in order to qualify for Aid to Needy Children.
 D. Each whole orphan does not own cash and/or securities in excess of \$250.
 E. Child does not receive adequate support from parents or other source.

STATE OF CALIFORNIA

COUNTY OF Sacramento ss.

I solemnly swear or affirm that the statements made herein are true and correct to the best of my knowledge and belief and that I will notify the county authorities of any real or personal property transactions, change in financial conditions, marriage of any of the above children, or remarriage of either parent of these children, and of any change in address.

Jane ~~Her~~ Doe
 Mark

NOTE.—When applicant can not sign his name, the signature of two witnesses to his mark must appear

SIGNATURE OR MARK OF APPLICANT

John Smith
 WITNESS TO MARK
Mary Jones
 WITNESS TO MARK

Subscribed and sworn to before me this 26th day of October, 1945.

Name Mary Jones Title Deputy County Clerk
Signature of person authorized to acknowledge an affidavit

Section 4295, Political Code, as amended by 1939 Legislature provides, in part: (5) "Whenever the oath of an affiant or the affidavit of a person is necessary in order that a person may obtain charity or relief from any agency or department of the United States Government, the State of California, or any political subdivision thereof, no fee shall be charged for the taking of such oath."

FORM CA 200 (revised)—July, 1945

215-99 (Continued)

215-99

FORM BL 200 (Reverse)

STATE OF CALIFORNIA—COUNTY OF Sacramento : ss.

I solemnly swear (or affirm) that the statements made herein which have been read to me are true and correct to the best of my knowledge, information and belief, and if aid is granted, I will notify the county authorities promptly of any real or personal property transactions of myself or spouse, of any change in marital status, financial conditions, address, or plan for self-support. Also, I agree to assist to the best of my ability in disclosing all information necessary in the preparation of my application for a recommendation to the Board of Supervisors.

NOTE.—When the applicant can not sign his name, the signature of two witnesses to his mark must appear

Gale Denton
Signature or Mark of Applicant

Witness to Mark

Witness to Mark

Subscribed and sworn to before me this fifth day of November 19 45

Name Mary Smith Title Deputy County Clerk
Signature of person qualified to acknowledge an affidavit

Section 4295, Political Code, as amended by 1939 Legislature, provides, in part:

(5) "Whenever the oath of an affiant or the affidavit of a person is necessary in order that a person may obtain charity or relief from any agency or department of the United States Government, the State of California, or any political subdivision thereof, no fee shall be charged for the taking of such oath."
County submit ONE COPY to State Department of Social Welfare, Sacramento, accompanied by Forms Bl 201, Bl 227 and Bl 230 (and Forms Bl 244 (formerly Bl 25), Bl 204 and Bl 221 when required).

FORM AG 200-B—May, 1943
STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

COUNTY _____

FORM AG 200-B

Name of applicant

Application by Authorized Representative of Applicant

OLD AGE SECURITY

I, _____, residing at _____
Name of authorized representative Street number

_____, California, acting as the authorized representative
City

of _____, residing at _____
Name of applicant Street number

_____, California, do hereby certify that the above named
City

applicant for Old Age Security is physically unable to make application in person at the county welfare department office and I do hereby make application for Old Age Security for him.

Signature of Authorized Representative

Subscribed and sworn to before me this _____ day of _____, 19 _____

Signature of County Clerk or person qualified to acknowledge an affidavit Title

(Section continued on next page)

250-99 (Continued)

250-99

FORM AG 225

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

COUNTY OF _____

COUNTY NUMBER _____

Statement of Responsible Relative of Applicant Under OAS Law (STATUTES OF 1943)

(See Law and Relatives' Contribution Scale on Reverse of This Sheet)

Return completed blank to Sacramento, 104 - 4th Address
County Welfare DepartmentThe eligibility of William Smith for aid under the OAS Law is under consideration.I, John Smith, Name of Applicant
Name of Relative, residing at 1111 - 1st St Sacramento,the son of the above named applicant do hereby make the following statements concerning my
Husband, Wife, Son or Daughter
income, dependents and contributions to the above named applicant.1. I am now contributing \$ 10 Amount of Free rent none Yes or no Free board none Yes or noOther contribution to the recipient (explain) none Amount and for what2. I am Single _____ Married ☒ Divorced _____ Separated _____ (check one)

3. My total monthly income is as follows:

Married Daughter. If you are a married daughter and are not separated from your spouse report only the amount of your separate income, if any. If you have no separate income, complete only Items 1, 2 and 8. Indicate "None" in answer to remaining questions. The affidavit must be signed and notarized.

Married Son. Under the community property law of California your income includes the earnings of your wife. Therefore your wife's earnings must be reported and included in your gross income unless the facts establish her income to be her separate property.

Income from my earnings \$ 300 per month State of California - Motor Vehicle Dept. Name and address of employerIncome from wife's earnings \$ none per month Name and address of employer

Income from other sources (list sources and amount from each source)

Net rental income \$ 10 per month

_____ \$ _____ per month

_____ \$ _____ per month TOTAL GROSS MONTHLY INCOME \$ 310

4. Expenses necessary to the obtaining of the income reported in Item 3 above are:

Net Income Defined. Net income is that amount which remains after subtracting those expenses necessary to the obtaining of the income. **Salary or Wages.** Among the necessary expenses may be union dues, if paid, the cost of tools or equipment, including uniforms which must be purchased because of the employment, transportation expenses to and from the job, reasonable cost of meals necessarily purchased away from home due to the employment. Deduction shall not be made for social security taxes, other insurance or retirement deductions (whether voluntary or involuntary), personal income withholding taxes, stock or bond deductions of any kind. **Farm or Business.** Deduct operating expenses and overhead from gross income.

In no case should living or household expenses for yourself or your dependents be deducted when figuring your net income.

TYPE OF EXPENSE	AMOUNT PER MONTH
<u>Cost of uniforms</u>	\$ <u>7.50</u>
<u>Transportation</u>	\$ <u>3.00</u>
_____	_____
TOTAL EXPENSES	\$ <u>10.50</u>

5. My net monthly income, after deducting my expenses, is (see Items 3 and 4 above) \$299.506. The number of persons dependent upon my income including myself but not including the applicant is 3
Number of persons

7. I have unusual expenses which I believe should be given consideration in determining my ability to contribute (such as the cost of necessary service or care due to illness in the family, etc.)

None8. I will from This date contribute \$ 10 Date Free rent none Yes or no Free board none Yes or noOther contributions (explain) none Amount and for what

John Smith
Signature of responsible relative
Present address 1111 - 1st St
Sacramento
City or town

Subscribed and sworn to before me this 5 day of August 1944.Name Fred A. Jones Title Notary public
Signature of person qualified to acknowledge an affidavit

Section 4295, Political Code, as amended by 1939 Legislature, provides, in part:

(5) "Whenever the oath of an affiant or the affidavit of a person is necessary in order that a person may obtain charity or relief from any agency or department of the United States Government, the State of California, or any political subdivision thereof, no fee shall be charged for the taking of such oath."

FORM AG 225 (revised)—February, 1944

(For reverse of form see next page)

(Section continued on next page)

250-99 (Continued)

250-99

FORM AG 204

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

COUNTY SacramentoNAME John DoeSTATE NO. _____ COUNTY No. A-6578

Applicant's Affidavit of Intent as to Residence

OLD AGE SECURITY

(For use of applicant who is making application under Section 2160-d of the Welfare and Institutions Code)

THIS IS TO CERTIFY, That I, John Doemoved to the County of Sacramento, State of California, on Sept. 20, 1945

During the three year period before moving to this county I lived in the following counties:

COUNTY	FROM (Date)	TO (Date)	REASON FOR CHANGE
<u>Los Angeles</u>	<u>1940</u>	<u>6-10-43</u>	<u>To live with sister</u>
<u>San Francisco</u>	<u>6-10-43</u>	<u>9-20-45</u>	<u>To be near children in Sac.</u>
			<u>Co.</u>

I moved to this county for the following reason:

To make my home near my children in Sacramento, Co.I decided to make my residence in this county on 9-20-45

Date

John Doe

SIGNATURE OR MARK OF APPLICANT

NOTE.—When the applicant can not sign his name, the signatures of two witnesses to his mark must appear.

Witness to mark

Witness to mark

Subscribed and sworn to before me this 15th day of Nov. 19 45

Name

Ellen MorrisTitle Deputy Co. Clerk

Signature of person authorized to acknowledge an affidavit

This form or a certified copy thereof shall be submitted to the State Department of Social Welfare with the application for noncounty aid.

Section 4295, Political Code, as amended by 1939 Legislature provides, in part: "(5) Whenever the oath of an affiant or the affidavit of a person is necessary in order that a person may obtain charity or relief from any agency or department of the United States Government, the State of California, or any political subdivision thereof, no fee shall be charged for the taking of such oath."

FORM AG 204 (revised)—November, 1944

(Section continued on next page)

(Section continued on next page)

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

Notification of Action by the Board of Supervisors
OLD AGE SECURITY

Sacramento COUNTY

To: John Doe
2000 "A" St.
Sacramento, Calif.

STATE NUMBER 2244 Ag
COUNTY NUMBER A 6518
DATE 11-10-45
DISTRICT 3

The County Board of Supervisors in accordance with State law and the rules and regulations of the State Board of Social Welfare, acted upon your application for Old Age Security as stated below:

Application granted effective _____ in the amount of \$ _____
Source and amount of income which was deducted _____
Application denied _____
Reason for action _____

The County Board of Supervisors adjusted the grant of Old Age Security received by you as stated below:

Aid was Decreased/Increased effective 12-1-45 to \$ 49.00
(Cross out one)

Source and amount of income which was deducted According to your budget your total monthly need is \$59.75. Your son James will contribute \$10 a month to your support starting December 1, 1945 & this income is subtracted from your total need, so your grant will be \$49.

The grant of aid, or any change in the amount of aid, is based on your present circumstances, and is in accord with the existing law. The amount of aid granted is subject to revision with a change in your circumstances.

If you do not understand this notice, or are dissatisfied with the action of the Board of Supervisors, contact the County Welfare Department located at 404 - 4th St., Sacramento for discussion of any question involved.

COUNTY WELFARE DEPARTMENT

By Ruth Jones

An applicant or recipient who is dissatisfied with the action taken upon his application, or with respect to the amount of aid granted may request a hearing before the Board of Supervisors, but such request must be filed with the County Board of Supervisors within 30 days from the date of this notice. (Welfare and Institutions Code, Section 2181.1.)

OR

The applicant or recipient who is dissatisfied with the action taken on his application, or with respect to the amount of aid granted may appeal directly to the State Department of Social Welfare, 616 K Street, Sacramento, but if a hearing before the Board of Supervisors has been requested, an appeal may not be filed with the State Department of Social Welfare until after the decision of the Board of Supervisors has been rendered. (Welfare and Institutions Code, Section 2182.)

An appeal to, or a request for a hearing before the Social Welfare Board shall be made within one year after the date of the action with which the applicant or recipient is dissatisfied. (Welfare and Institutions Code, Section 104.5.)

IMPORTANT: Information for all recipients of Old Age Security

Should circumstances make it necessary for you to move, it is your responsibility to make proper arrangements with your County Welfare Department before you move, either out of the county or to a new address within the county. Otherwise, there may be an unavoidable delay or interruption in the receipt of your aid.

In accordance with your statement, formally sworn to at the time you signed your application, you are requested to discuss promptly with your County Welfare Department any changes in your circumstances or financial condition. This will include discussion of purchase or sale of real or personal property, and any changes in your income from property, responsible relatives, earnings, or any other source.

FORM Ag 239 (revised)—July, 1945

FORM Ag 239

Notification of Suspended (Withheld) Aid Payments

OLD AGE SECURITY

Sacramento COUNTY

To: John Doe
2400 J St.,
Sacramento, 16, Calif.

Date 11-15-45

State Number A - 6520

County Number 2075 Ag

District 3

Your Old Age Security warrant for the month of December has been suspended (withheld) pending completion of investigation of your eligibility to receive it. This action was necessary because

we must establish that your present personal property holdings, including the payment rec'd from the sale of your real property, are not in excess of \$600.

Every effort is being made to complete the investigation promptly and if you are found eligible to receive the warrant it will be sent to you. Otherwise the aid can not be paid.

If you do not understand this notice, or are dissatisfied with the action taken, contact the County Welfare Department located at 404 - 4th St., Sacramento, Calif. for discussion of any questions involved.

COUNTY WELFARE DEPARTMENT

By Ruth Jones

An applicant or recipient who is dissatisfied with the action taken upon his application, or with respect to the amount of aid granted may request a hearing before the Board of Supervisors, but such request must be filed with the County Board of Supervisors within 30 days from the date of this notice. (Welfare and Institutions Code, Section 2181.1.)

OR

The applicant or recipient who is dissatisfied with the action taken on his application, or with respect to the amount of aid granted may appeal directly to the State Department of Social Welfare, 616 K Street, Sacramento, but if a hearing before the Board of Supervisors has been requested, an appeal may not be filed with the State Department of Social Welfare until after the decision of the Board of Supervisors has been rendered. (Welfare and Institutions Code, Section 2182.)

An appeal to, or a request for a hearing before the Social Welfare Board shall be made within one year after the date of the action with which the applicant or recipient is dissatisfied. (Welfare and Institutions Code, Section 104.5.)

IMPORTANT: Information for all recipients of Old Age Security:

Should circumstances make it necessary for you to move, it is your responsibility to make proper arrangements with your County Welfare Department before you move, either out of the county or to a new address within the county. Otherwise, there may be an unavoidable delay or interruption in the receipt of your aid.

In accordance with your statement, formally sworn to at the time you signed your application, you are requested to discuss promptly with your County Welfare Department any changes in your circumstances or financial condition. This will include discussion of purchase or sale of real or personal property, and any changes in your income from property, responsible relatives, earnings, or any other source.

FORM Ag 239-A—July, 1945

FORM Ag 239-A

250-99 (Continued)

250-99

1

STIGATION AND DECISION

Public Assistance Program

250-99

250-99 (Continued)

250-99

FORM AG 228

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

Authorization for Financial Investigation
OLD AGE SECURITY

County No. A-6578

Martha Meyers
NAME OF COUNTY WORKER

I, John Doe,
residing at 200 A Street, Sacramento California,
Street number City
hereby authorize release to the bearer, a representative of the County Welfare Department
of Sacramento County, any and all information regarding deposits, withdrawals
and balances pertaining to any bank, postal savings, building and loan or trust accounts, which I, or my
spouse either separately or jointly now have or may have had in the past. I also authorize release of
information regarding any collateral held as security for loans advanced to me or my spouse or of the
existence of a safe deposit box, or any stocks and bonds that I, or my spouse either separately or jointly
own or have owned in the past.

I further authorize the bearer to be given information regarding any insurance that I have or
may have had, or any insurance that my spouse has or may have had with any insurance company,
fraternal organization, union, or benefit society. Authorization is also given for release of information
available from the records of the Bureau of Old Age and Survivor's Insurance and from the records of
the Department of Employment regarding Unemployment Benefits.

[SIGNED] John Doe
Signature of applicant

Birthplace River Falls, OregonBirthdate February 4, 1872Maiden name of mother Ann Miller

[SIGNATURE OR
NAME OF SPOUSE] Alise Doe

Birthplace of spouse London, EnglandBirthdate of spouse March 5, 1870DATE March 26 1942

FORM AG 228 (revised)—May, 1942

(Section continued on next page)

250-99 (Continued)

250-99

FORM BL 201

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

IF NON-COUNTY CASE

Check here ☐

CERTIFICATE OF VERIFICATION OF ELIGIBILITY FOR AID TO THE BLIND

William Williams

APPLICANT'S NAME (Give full name as on Form BL 200)

24680

COUNTY NUMBER

FORMER STATE NUMBER IF
A TRANSFER OR REAPPLI-
CATION

STATE NUMBER

Eligibility Requirements**1. Blindness**

- A. Has obtained evidence of degree of blindness . . . yes
Yes or No
- B. Became blind while a resident of California . . . No
Yes or No

2. Age

- A. Has attained the age of 16 years Yes
Yes or No
- B. Birth date April 11, 1904

3. Residence

- A. Has State Residence 8
Number Years Verified
- B. Has County Residence 2
Number Years Verified
- C. Has no County Residence in present county
Date Residence Established

4. Public Institution

- A. Is an inmate of a public institution No
Yes or No
- B. Name of institution _____

5. Private Institution

- A. Is an inmate of a private institution No
Yes or No
- B. Name of institution _____
- C. Institution is one in which aid may be allowed _____
Yes or No

6. Property Assignment

- A. Has made voluntary assignment of property to qualify for aid No
Yes or No
- B. Date of assignment _____

7. Need

- A. Has real property county assessed value . . \$ 2320
Encumbrance of record \$ 800
- B. Has personal property (furniture, cars, jewelry, livestock, etc.)
County assessed value \$ 250
Encumbrance of record \$ 60
- C. Has other personal property of a total value of \$ none
1. Cash \$ _____
2. Mortgages \$ _____
3. Trust Deeds \$ _____
4. Stocks and Bonds \$ _____
5. Insurance (cash surrender value) \$ _____
6. Other \$ _____
- Encumbrance of record \$ _____

D. Has NET INCOME AS FOLLOWS:

SOURCE	AMOUNT
<u>Garage rental</u>	<u>\$ 7.00</u>
<u>Occupancy value of home</u>	<u>2.00</u>
_____	_____
_____	_____
_____	_____
_____	_____

Proof of Eligibility**Including Nature, Date and Location of Evidence**

1. Rept. of Dr. John Jones on 11/5/45 on Form Bl 227 in co. file.
2. Sworn statement on appl. and seen by worker, obvious he is more than 16 years of age.
3. Aff. Richard Ray 11/3/45 verifies 8 years State res.; 2 years county; aff. Helen Cane 11/5/45 verifies 8 years State res., 2 1/2 years county residence. Forms Bl 221 in county file.
4. Applicant seen in home 11/20/45; report in county file.
5. Applicant seen in home by worker 11/20/45; report in county file.
6. Assessor's and Recorder's records 1943-1945 searched; report in county file.
- 7A Assessor's records searched 1943-1945 on 11/16/45; letter Bldg. & Loan Co. 11/12/45, report in county file.
- B Assessor's records searched 1943-1945 on 11/16/45; Bank of America chattel mortgage, report in co. file 11/15/45.
- C App. declared none. Form Bl 228 signed 11/2/45 in county file.
- D. Tenant interviewed, 11/15/45; Appl's share mtge. pymts. \$5 a mo. per letter from Bldg. & Loan Co. 11/10/45 in county file; net occupancy value of home \$2. Rept. in county file.

FORM BL 201 (revised)—July, 1945

[OVER]

(For reverse of form see next page)

(Section continued on next page)

250-99 (Continued)

250-99

FORM BL M506, REVISED APRIL, 1942
STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

FORM BL M506

DIVISION FOR THE BLIND

NOTIFICATION TO COUNTY OF ACTION ON PHYSICIAN'S REPORT

State Number Sac 4444B1Name Richards, JaneDate January 18, 1946

I hereby certify that I have reviewed Form Bl 227, "Physician's Report on Eye Examination," by Dr. J. H. Dale made on January 11, 1946 and
(Date of Examination)
find that the facts contained therein do not show that the visual impairment of the above-mentioned person comes within the definition of blindness as adopted in California for the Aid to the Blind programs, for the following reasons:

1. Visual acuity is more than 20/200 with correction 20/80
2. Visual fields are greater than 20 degrees 70°
3. Examining physician questions degree of disability

W. A. Pettit, M. D.
State Ophthalmologist

Request examination by State Ophthalmologist

State of California

FORM BL M515

Department of Social Welfare

State Number Sac 0000 B1Name John DoeDate 11/23/45

DIVISION FOR THE BLIND

NOTIFICATION TO COUNTY OF NECESSITY FOR REEXAMINATION

On the basis of the information contained in the attached Form Bl 227, "Physician's Report of Eye Examination," by Dr. James Jones made on 11/20/45 :
(Date of Examination)
Reexamination is necessary at the time of annual reinvestigation XXXXX.

Reexamination is necessary in months.

No further reexamination is necessary EXCEPT IN THE EVENT OF ANY SURGICAL PROCEDURE UPON THE EYES, IN WHICH CASE A REEXAMINATION SHALL BE MADE WITHIN NOT LESS THAN 90 DAYS NOR MORE THAN 120 DAYS FOLLOWING OPERATION, OR UNLESS AID HAS BEEN DISCONTINUED FOR MORE THAN ONE YEAR

Dr. W. A. Pettit
State Ophthalmologist

FORM BL M515, REVISED FEBRUARY, 1945

(Section continued on next page)

250-99 (Continued)

250-99

FORM BL 202

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

DIVISION FOR THE BLIND

REPORT OF INVESTIGATION

APPLICANT'S NAME Jennie Brown Address 559 U Street, SacramentoAGE 44 IF APPLICANT IS UNDER 21 YEARS OF AGE, HOW HAS AGE VERIFIED

BLINDNESS:

HAS APPLICANT HAD EYE EXAMINATION? yes DATE OF LATEST PHYSICIAN'S REPORT, FORM BL 227, ON FILE 11/12/45

RESIDENCE:

DATE LAST CAME TO CALIFORNIA 6/11/31 DATE LAST CAME TO COUNTY 9/5/40 TOTAL NO. YEARS RESIDENCE IN CALIF. 14 yrs.

RESIDENCE DURING PAST TEN YEARS

COUNTY	YEARS	FROM	TO	COUNTY	YEARS	FROM	TO
LA	9	6/11/31	9/5/40				
Sac	5	9/5/40	present				

HAVE AFFIDAVITS OF RESIDENCE BY TWO REPUTABLE CITIZENS BEEN SECURED ON FORM BL 221?

INSTITUTIONAL INMATES:

IS APPLICANT AN INMATE OF A PUBLIC INSTITUTION? no WILL PROBABLY LEAVE ONIS APPLICANT AN INMATE OF A PRIVATE INSTITUTION WHERE INELIGIBLE TO AID? no

NAME AND ADDRESS OF INSTITUTION

IS APPLICANT AN INMATE OF A PRIVATE INSTITUTION WHERE ELIGIBLE TO AID? no

NAME AND ADDRESS OF INSTITUTION

CONDITIONS OF ADMISSION

TRANSFER OF PROPERTY:

HAS APPLICANT MADE A RECENT TRANSFER OF REAL OR PERSONAL PROPERTY TO QUALIFY FOR AID?

No ☒

DATE:

Yes ☐

IF SO, EXPLAIN:

REAL PROPERTY:

(FILL IN INFORMATION FOR EACH PIECE OF PROPERTY IN WHICH APPLICANT HAS AN INTEREST EITHER SEPARATELY OR JOINTLY WITH SPOUSE OR OTHERS. IT IS ASSURED THAT THE APPLICANT HAS A COMMUNITY INTEREST IN SPOUSE'S PROPERTY UNLESS FACTS ESTABLISH SUCH PROPERTY AS SEPARATE.)

	HOME	OTHER THAN HOME	OTHER THAN HOME
LOCATION	559 U Street, Sac.	none	
COUNTY ASSESSED VALUE	\$2300.00		
ENCUMBRANCES	800.00		
MONTHLY PAYMENTS	20.00		
MONTHLY TAXES AND/OR ASSESSMENTS	9.24		
GROSS INCOME	none		
VALUE OF OCCUPANCY AND/OR NET INCOME	none		
DATE ABOVE INFORMATION SECURED	11/23/45		
FROM WHAT SOURCES?	Applicant, property search, Bank of America		

PERSONAL PROPERTY: (IT IS ASSURED THAT THE APPLICANT HAS A COMMUNITY INTEREST IN SPOUSE'S PERSONAL PROPERTY UNLESS FACTS ESTABLISH SUCH PROPERTY AS SEPARATE.)

	DESCRIPTION	COUNTY ASSESSED VALUE IF ASSESSABLE	MARKET VALUE IF NOT ASSESSABLE	AMOUNT OF ENCUMBRANCES
OWNED BY APPLICANT	Savings Acct. #7688905		\$100	none
AS SEPARATE PROPERTY				
OWNED JOINTLY BY APPLICANT AND SPOUSE (COMMUNITY)	Savings Acct. #13205777		\$150	none
	Household furniture	\$100		none
	2 War Bonds		\$42.50	none

DATE ABOVE INFORMATION SECURED 11/23/45FROM WHAT SOURCES? Bonds seen; Bank statement; County Assessor's records searched.

INSURANCE:

ON THE LIFE OF APPLICANT ON THE LIFE OF APPLICANT ON THE LIFE OF SPOUSE ON THE LIFE OF SPOUSE

NAME OF COMPANY MetropolitanPOLICY NUMBER #324599060DATE OF POLICY 4/9/24FACE VALUE AT
MATURITY \$1000CASH SURRENDER VALUE \$310LOAN AGAINST POLICY \$300MONTHLY PREMIUM \$4.50PREMIUM PAID BY WHOM ApplicantNAME OF BENEFICIARY SpouseDATE ABOVE INFORMATION SECURED 11/14/45FROM WHAT SOURCES? Applicant; insurance policy seen. Letter from Metropolitan Ins. Co. in file.

FORM BL 202, REVISED SEPTEMBER, 1945

(For reverse of form see next page)

(Section continued on next page)

250-99 (Continued)

250-99

FORM BL 201 (Reverse)

Eligibility Requirements

Proof of Eligibility

Including Nature, Date and Location of Evidence

E. Has need in excess of \$60 per month in the amount of (ANB only) \$ 7.00

E. Medicine \$3, doctor's care \$4 a month--
indefinite. Letter Dr. Burns 11/10/45
in co. file.

8. Responsible Relatives

Is receiving contribution from legally responsible relatives	No
	Yes or No

9. Rehabilitation

A. Has a plan for self-support No
Yes or No

B. Type of training.....

C. Is engaged in an enterprise from which self-support is expected to be achieved No

D. Type of enterprise.....

10. Certification and Recommendation

I CERTIFY That the above facts have been verified by investigation, that complete supporting evidence is on file in the county office, is open to inspection by duly authorized State and Federal representatives, and that to the best of my knowledge and belief the above-named applicant:

A. Meets the necessary requirements and qualifies for ☒ Aid to the Needy Blind
☐ Aid to Partially Self-Supporting Blind Residents

under the existing law, and my recommendation is that aid be granted in the amount of \$_____

If beginning date of aid is later than specified under Sections 3082, 3084, or 3460 of the W. and J. Code, specify date from which eligibility verified _____ Reason for ineligibility prior to this date _____

B. Fails to meet the necessary requirements to qualify for ☐ Aid to the Needy Blind
☐ Aid to Partially Self-Supporting Blind Residents
 under the existing law, and my recommendation is that aid be denied for the following reason: _____

11. Mabel Adams 11/23/45
SIGNATURE OF COUNTY WORKER DATE

12. Sarah Goode 11/27/45
SIGNATURE OF COUNTY CASE SUPERVISOR OR COUNTY DIRECTOR DATE

13. Approved by the Board of Supervisors of Sacramento County, this 29th day of November 1945
for Blind Aid in the amount of \$58.00, aid to begin on the first day of November 1945

14. Denied by the Board of Supervisors of _____ County, this _____ day of _____ 19____

15. Arthur Morris
SIGNATURE OF COUNTY CLERK OR DEPUTY

Send original or certified copy to State Department of Social Welfare, Sacramento, accompanied by Forms BL 200, 227, 230
(and Forms BL 244, 221 and 204 when required)

[illegible]

(Section continued on next page)

250-99 (Continued)

250-99

FORM BL 203

State of California

Department of Social Welfare

This Form to be Retained
in County Welfare Office

AID TO THE BLIND

SUMMARY OF INFORMATION FROM REVIEW OF DOCUMENTARY EVIDENCE OF AGE

County Sacramento

Date 11/21/45

Name George White

State No. Sac015 Co. # 61534

This is to certify that the following pertinent information appears on documentary evidence reviewed, showing that applicant meets the age requirements of the Aid to Needy Blind or Aid to Partially Self-Supporting Blind Residents Laws, which specify that applicants for aid, as provided therein, shall be at least sixteen years of age: Birth Certificate dated 7/5/29, shows birthdate as 7/5/29.

Evidence is in possession of: Applicant's mother

Bernice Carl
Signature of County Worker Reviewing Evidence

FORM BL 203, REV. 9/45
5/42 300

(Section continued on next page)

250-99 (Continued)

250-99

FORM BL 202 (Reverse)

LEGALLY RESPONSIBLE RELATIVES: (Spouse, Parents, Adult Children)

NAME	ADDRESS	RELATIONSHIP	DATE RELATIVE STATEMENT SENT	DATE RELATIVE STATEMENT RETURNED	ACTUAL MONTHLY CONTRIBUTION TO APPLICANT
Frances Roe	Lincoln, Calif.	Daughter	11/5/45	11/9/45	none
John Brown	619 Adams St. Lodi	Son	11/5/45	11/8/45	none
Gladys Johnson	1120 Flower St., Modesto	Dau.	11/5/45	11/14/45	none
Charles Brown	559 U St., Sacramento	Husband	11/5/45	11/9/45	none

IS RECOVERY FROM RESPONSIBLE RELATIVES ANTICIPATED? no IF SO, FROM WHICH RELATIVES?

INCOME: (PRESENT INCOME TO APPLICANT - SPECIFY PERIOD IF OTHER THAN MONTHLY)

SOURCE	AMOUNT	DATE AND SOURCE OF INFORMATION
LABOR AND SERVICES	none	
REAL PROPERTY (INCLUDING VALUE OF OCCUPANCY)	none	
PERSONAL PROPERTY (STOCKS, BONDS, ROYALTIES, ETC.)	none	
INSURANCE	none	
PENSIONS (MILITARY, CIVIL, INDUSTRIAL, OASI)	\$35.00	Letter from Industrial Accident Com.
RESPONSIBLE RELATIVES	none	11/20/45 in co. file.
MILITARY DEPENDENCY AWARD	none	
OTHER: (SPECIFY)	none	

WHAT WAS THE APPROXIMATE AMOUNT OF APPLICANT'S INCOME DURING THE PAST YEAR? \$14.00 SOURCE? Pension and spouse.WHAT DEBTS HAVE BEEN INCURRED DURING PAST YEAR? Doctor and dental bills in the amount of \$140.WHAT CHANGES HAVE MADE IT NECESSARY TO APPLY FOR AID TO THE BLIND? Spouse's health and higher cost of living.HAS APPLICANT HAD MILITARY SERVICE OF A NATURE WHICH MIGHT REASONABLY ENTITLE HIM TO MILITARY BENEFITS? noneIS APPLICANT IN RECEIPT OF COMPENSATION FOR MILITARY SERVICE OF OTHERS, INCLUDING AWARDS UNDER THE SERVICEMEN'S DEPENDENTS ALLOWANCE ACT? noAPPLICANT'S SOCIAL SECURITY NUMBER IS 9823-43-001IS EMPLOYMENT RECORD SUCH THAT INDUSTRIAL PENSION OR OASI IS A POSSIBILITY? YES x NO IF SO, HAS ELIGIBILITY FOR SAME BEEN INVESTIGATED? Receives Industrial CompensationIF APPLICANT IS APPLYING FOR AID TO NEEDY BLIND, IS THERE EVIDENCE OF CURRENT NEED IN EXCESS OF \$60 A MONTH? no IF SO, INDICATE NATURE, AMOUNT AND HOW VERIFIED

HEALTH

DOES APPLICANT STATE HE IS IN NEED OF MEDICAL ATTENTION? no IS APPLICANT RECEIVING MEDICAL ATTENTION THROUGH A PUBLIC RESOURCE? yes IF SO, INDICATE TYPE OF CARE GIVEN

IF RECEIVING PRIVATE CARE, GIVE NAME AND ADDRESS OF

PHYSICIAN

REHABILITATION

IS APPLICANT INTERESTED IN RECEIVING SPECIAL TRAINING? yes IN LEARNING TO READ RAISED TYPE? yes

IF APPLICANT IS INTERESTED IN, BUT IS NOT FOLLOWING A PLAN FOR REHABILITATION, WHAT EFFORTS ARE BEING MADE TO

ASSIST HIM IN SECURING VOCATIONAL TRAINING OR EMPLOYMENT? Referred to State Dept. of Education

IF APPLICANT HAS CASH OR NEGOTIABLE SECURITIES IN EXCESS OF \$600 OR IS APPLYING FOR AID TO PARTIALLY SELF-SUPPORTING BLIND RESIDENTS, EXPLAIN PRESENT OR CONTEMPLATED PLAN FOR ACHIEVING SELF-SUPPORT

HOUSEHOLD GROUP: (LIST PERSONS IN HOUSEHOLD OTHER THAN THE APPLICANT.)

NAME	RELATIONSHIP	AMOUNT CONTRIBUTED TO HOUSEHOLD
Charles Brown	Husband	\$80.00
Richard Brown	Minor son	none

DATE VISIT MADE TO APPLICANT'S HOME 11/23/45 IF HOME VISIT NOT POSSIBLE, DESCRIBE SUBSTITUTE CONTACTDESCRIBE PRESENT LIVING CONDITIONS AND ANY PROPOSED CHANGES Applicant lives in own home; in good condition and adequate for family requirements.

ALMS

DOES APPLICANT SOLICIT ALMS? no

RECOMMENDATION OF COUNTY WORKER

COUNTY WORKER RECOMMENDS AID IN THE AMOUNT OF \$ 25.00OR
COUNTY WORKER RECOMMENDS DENIAL OF AID FOR THE FOLLOWING REASONSMary Moore
SIGNATURE OF COUNTY WORKER11/24/45
DATE

(Section continued on next page)

250-99 (Continued)

FORM BL 225

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

County No. 678

Sacramento County

Statement of Responsible Relative of Applicant for
Aid to the Blind

Charles Keen

has made request for aid under the

☒ Aid to Needy Blind Law

Name of Applicant

☐ Aid to Partially Self-Supporting Blind Residents Law

Completion of this form in detail is necessary in order that proper consideration can be given to the eligibility of the applicant. After completion, please return this form to—

Sacramento County Welfare Department, County Court House, Sacramento

County Welfare Department

Address

Sections 3088 of the Aid to Needy Blind Law and 3474 of the Aid to Partially Self-Supporting Blind Residents Law provide:

"If any applicant receiving aid under the provisions of this chapter has residing within the State a spouse, parent, or adult child, pecuniarily able to support him, upon the failure of such kindred to perform their duty to support the blind person the board of supervisors may request the district attorney . . . to proceed against the kindred . . . The district attorney . . . may, on behalf of the county, maintain an action in the superior court . . . against such relatives . . . (1) to recover . . . such portion of the aid granted as the courts find such relative or relatives pecuniarily able to pay and (2) to secure an order requiring the payment . . . of any sums which may become due in the future for which the relative may be liable. . . ."

Responsible relatives of applicants for aid under the Aid to Needy Blind Law should give consideration to Section 3006, and responsible relatives of applicants for aid under the Aid to Partially Self-Supporting Blind Residents Law should give consideration to Section 3405, which sections read:

"Any person who, in order to secure for himself or another the aid provided in this chapter, makes a false statement under oath, shall be deemed guilty of perjury. Whenever any person has by means of false statement or representation or by impersonation or other fraudulent device obtained aid under this chapter, he shall make restitution and all actions necessary to secure restitution may be brought against him."

STATEMENT OF RESPONSIBLE RELATIVE

I, Allen Keen 32 101 6th Street
Name Age Address
of Redding Shasta California
City County of State of
the son of Charles Keen
Son/Daughter/Spouse/Parent

the above named applicant for aid, do make the following answers to the questions printed below relative to my pecuniary ability to assist said applicant:
(If you are a married daughter, see NOTE on reverse side of this form.)

1. DEPENDENTS

There are 4 persons dependent upon my income including myself but not including the applicant.
Number of

There are NO persons living in my household dependent upon my income for support other than my spouse and minor children.
Number of

2. ASSETS

Do you or your spouse own your home? Yes Assessed Value \$ 2023

Have you an interest in real estate other than your home? No Assessed Value

Have you a bank account? Yes Amount of Deposits 43.18

Have you accounts with building and loan associations? No Amount of Deposits

Have you postal savings? No Amount of Deposits

Do you own stocks, bonds, mortgages or other securities? No Value

Do you own cash or other personal property not listed above? Yes Value 345.00

3. OBLIGATIONS

Is there a mortgage on your home? Yes Amount \$ 605.00

Is there a mortgage on other real property in which you own an interest? No Amount

Is there a chattel mortgage on your personal property? No Amount

List outstanding obligations other than current household bills (personal loans, medical or dental bills, etc.)

Doctor I. Parker (tonsillectomy) Amount 35.00

Dr. E. M. Sills - dental bill Amount 15.00

Amount

Amount

Amount

Amount

Amount

Amount

FORM BL 225 (revised)—July, 1943

{OVER}

(For reverse of form see next page)

(Section continued on next page)

250-99 (Continued)

250-99

State of California

Department of Social Welfare FORM BL 204

County SacramentoName Richard GordonState No. Sac 5678B1 County No. 98765

AID TO THE BLIND

APPLICANT'S AFFIDAVIT OF INTENT AS TO RESIDENCE

(For use of applicant who is making application under Sections 3042 and 3432 of the Welfare and Institutions Code)

This is to certify, that I, Richard Gordonmoved to the County of Sacramento, State of California, on October 1, 1945
DateDuring the three year period before moving to this county I lived in the following
counties:

COUNTY	FROM (Date)	TO (Date)	REASON FOR CHANGE IN RESIDENCE
Los Angeles	May 1942	Aug. 1944	To make home with a friend.
Santa Clara	Aug. 1944	Oct. 1, 1945	To make home with daughter.
Sacramento	October 1, 1945	Present	Moved with daughter's family.

I moved to this county for the following reason:

I live with my daughter and her family and moved with them. I moved
with the intent to reside here permanently.

I decided to make my residence in this county on 10/1/45

Date

Note: When applicant cannot sign his
name, the signature of two
witnesses to his mark must
appear

Richard Gordon
Signature or Mark of Applicant

Witness to Mark

Witness to Mark

Subscribed and sworn to before me this 11 day of November 19 45Name Anna Watts Title Deputy County Clerk
Signature of person authorized to acknowledge an affidavit

This form or a certified copy thereof shall be submitted to the State Department of
Social Welfare with the application for non-county aid.

Section 4295, Political Code, as amended by 1939 Legislature provides, in part: (5)
Whenever the oath of an affiant or the affidavit of a person is necessary in order
that a person may obtain charity or relief from any agency or department of the United
States Government, the State of California, or any political subdivision thereof, no
fee shall be charged for the taking of such oath.

FORM BL 204, REVISED OCTOBER, 1944

(Section continued on next page)

FORM Bl. 239-A

Notification of Suspended (Withheld) Aid Payments

AID TO THE BLIND

Sacramento COUNTY

To: Mr. John Smith
619 30th Street
Sacramento, California

State Number Sac 11111 B1
County Number 12345
Date December 1, 1945
District _____

Your Aid to the Blind warrant for the month of December has been suspended (withheld) pending completion of investigation of your eligibility to receive it. This action was necessary because:

A transfer of your property to your son has come to our attention.

Every effort is being made to complete the investigation promptly and if you are found eligible to receive the warrant it will be sent to you. Otherwise the aid can not be paid.

Aid is granted on the basis of your present circumstances and in accord with the existing law. The amount of your aid is subject to revision when your circumstances change.

If you do not understand this notice, or are dissatisfied with the action taken, contact the County Welfare Department located at Court House Annex, Sacramento 14, California for discussion of any questions involved.

COUNTY WELFARE DEPARTMENT

By Anne Roe

An applicant or recipient who is dissatisfied with the action taken upon his application, or with respect to the amount of aid granted may request a hearing before the Board of Supervisors, but such request must be filed with the County Board of Supervisors within 30 days from the date of this notice. (Welfare and Institutions Code, Sections 3087.5 and 3473.2.)

OR

The applicant or recipient who is dissatisfied with the action taken on his application, or with respect to the amount of aid granted may appeal directly to the State Department of Social Welfare, 616 K Street, Sacramento, but if a hearing before the Board of Supervisors has been requested, an appeal may not be filed with the State Department of Social Welfare until after the decision of the Board of Supervisors has been rendered. (Welfare and Institutions Code, Sections 3088.5 and 3474.5.)

An appeal to, or a request for a hearing before the Social Welfare Board shall be made within one year after the date of the action with which the applicant or recipient is dissatisfied. (Welfare and Institutions Code, Section 104.5.)

IMPORTANT: Information for all recipients of Aid to the Blind:

Should circumstances make it necessary for you to move, it is your responsibility to make proper arrangements with your County Welfare Department before you move, either out of the county or to a new address within the county. Otherwise, there may be an unavoidable delay or interruption in the receipt of your aid.

In accordance with your statement, formally sworn to at the time you signed your application, you are requested to discuss promptly with your County Welfare Department any changes in your circumstances or financial condition. This will include discussion of purchase or sale of real or personal property, and any changes in your income from property, earnings, or any other source.

FORM Bl. 239-A—July, 1945

FORM Bl. 239

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

Notification of Action by the Board of Supervisors
AID TO NEEDY BLIND OR AID TO PARTIALLY SELF-SUPPORTING
BLIND RESIDENTS

Sacramento COUNTY

To: _____
State Number Sac 987 B1
County Number 1260
Date 11/2/45
District _____

The County Board of Supervisors, in accordance with the State law and the Rules and Regulations of the State Board of Social Welfare, acted upon your application for

- ☒ Aid to Needy Blind
☐ Aid to Partially Self-supporting Blind Residents

as stated below:

Application granted effective November 1, 1945 in the amount of \$ 60.00 Total need \$ 67.00
Source and amount of income which was deducted \$7.00 occupancy value of your home is being
allowed to help meet your total need.
Application denied _____
Reason for action _____

The County Board of Supervisors adjusted your grant of

- ☐ Aid to Needy Blind
☐ Aid to Partially Self-supporting Blind Residents

as stated below:

Aid was Decreased/Increased effective _____ to \$ _____ Total need \$ _____
(Cross out one)
Source and amount of income which was deducted _____
Aid was discontinued effective _____
Reason for action _____

The grant of aid, or any change in the amount of aid, is based on your present circumstances, and is in accord with the existing law. The amount of aid granted is subject to revision with a change in your circumstances.

If you do not understand this notice, or are dissatisfied with the action of the Board of Supervisors, contact the County Welfare Department located at Court House Annex, Sacramento 14 for discussion of any question involved.

COUNTY WELFARE DEPARTMENT

By Alice Winters

An applicant or recipient who is dissatisfied with the action taken upon his application, or with respect to the amount of aid granted may request a hearing before the Board of Supervisors, but such request must be filed with the County Board of Supervisors within 30 days from the date of this notice. (Welfare and Institutions Code, Sections 3087.5 and 3473.2.)

OR

The applicant or recipient who is dissatisfied with the action taken on his application, or with respect to the amount of aid granted may appeal directly to the State Department of Social Welfare, 616 K Street, Sacramento, but if a hearing before the Board of Supervisors has been requested, an appeal may not be filed with the State Department of Social Welfare until after the decision of the Board of Supervisors has been rendered. (Welfare and Institutions Code, Sections 3088.5 and 3474.5.)

"Whenever any appeal to, or hearing before, the board is otherwise authorized by law, the appeal shall be made, or the hearing applied for, within one year after the order or other action complained of. The board may rehear any matter within six months after its original order or decision, on its own motion or on application of any interested party." (Welfare and Institutions Code, Section 104.5.)

IMPORTANT: Information for all recipients of Aid to Needy Blind or Aid to Partially Self-supporting Blind Residents.

Should circumstances make it necessary for you to move, it is your responsibility to make proper arrangements with your County Welfare Department before you move, either out of the county or to a new address within the county. Otherwise, there may be an unavoidable delay or interruption in the receipt of your aid.

In accordance with your statement, formally sworn to at the time you signed your application, you are urged to discuss promptly with your County Welfare Department any changes in your circumstances or financial condition. This will include discussion of purchase or sale of real or personal property, and any changes in your income from property, responsible relatives, earnings, or any other source.

FORM Bl. 239—Revised July, 1945

250-99 (Continued)

250-99

FORM BL 228

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

Authorization for Financial Investigation

Aid to the Blind

COUNTY No. 4567

Ruth Reed

Name of County Worker

I, Richard Roe
residing at 101 Main Street, Sacramento, California,
Street Number City
hereby authorize release to the bearer, a representative of the County Welfare Department of
Sacramento County, of any and all information regarding deposits, withdrawals
and balances pertaining to any bank, postal savings, building and loan or trust accounts, which I, or my
spouse, either separately or jointly now have or may have had in the past. I also authorize release of
information regarding any collateral held as security for loans advanced to me or my spouse or of the
existence of a safe deposit box, or any stocks and bonds that I, or my spouse either separately or jointly
own or have owned in the past.

I further authorize the bearer to be given information regarding any insurance that I have or
may have had, or any insurance that my spouse has or may have had with any insurance company,
fraternal organization, union, or benefit society. Authorization is also given for release of information
available from the records of the Bureau of Old Age and Survivor's Insurance and from the records of
the Department of Employment regarding Unemployment Benefits.

[SIGNED] Richard Roe
Signature of Applicant

Birthplace Chicago, Illinois

Birthdate March 5, 1883

Maiden name of mother Martha Brown

[SIGNATURE OR
NAME OF SPOUSE] Ruth Roe

Birthplace of spouse Chicago, Illinois

Birthdate of spouse May 19, 1887

DATE September 7 1944

FORM BL 228 (revised)—December, 1942

(Section continued on next page)

250-99 (Continued)

250-99

FORM CA 201

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

Certificate of Verification of Eligibility Aid to Needy Children

IF NON-COUNTY CASE

Check here ☐

Mary Manchester Mother 54321 Sac 234 CA
Name of Applicant Relationship to Children County Number Former State Number State Number
(As on Form CA 200)

ELIGIBILITY REQUIREMENTS

PROOF OF ELIGIBILITY

NATURE, DATE AND LOCATION OF EVIDENCE

1A CHILDREN'S SURNAME	1B MOTHER'S NAME	1C FATHER'S NAME	1D. Evidence verifying parentage
Turner	Mary	George E.	Cert. copy marriage ctf. 4-12-28 Applicant's possession.
2A. Classification			2B. Evidence verifying classification
H. O.			Cert. copy father's death ctf. 6-1-34 co. file

3 GIVEN NAMES OF CHILDREN	4 LIVING PLAN	5 PAYEE		6A VERIFIED BIRTHDATE	6B. Evidence verifying birthdate
		A RELATIONSHIP	B NAME IF OTHER THAN APPLICANT		
George	O.H.	Mother		6-4-29	Bapt. ctf. 8-5-29 Mo. possession
Marian	O.H.	Mother		8-9-31	Cert. copy b/ctf. 8-21-31 co. file
Peter	O.H.	Mother		4-22-33	Notif. from Sacto Co. Recorder 4-26-33 co. file.

1A CHILDREN'S SURNAME	1B MOTHER'S NAME	1C FATHER'S NAME	1D. Evidence verifying parentage
Manchester	Mary	Joe	Cert. copy marr. ctf. 2-4-35 Applicant's possession.
2A. Classification			2B. Evidence verifying classification
P. C. I.			Letter from Mendocino 12-5-45 Fa. comm. 9-1-46. Co. to be notified of change of status. co. file.

3 GIVEN NAMES OF CHILDREN	4 LIVING PLAN	5 PAYEE		6A VERIFIED BIRTHDATE	6B. Evidence verifying birthdate
		A RELATIONSHIP	B NAME IF OTHER THAN APPLICANT		
Gloria	O.H.	Mother		1-3-36	Ver. Calif. St. Bu. Vital Stat. Co. file

7A SCHOOL STATUS (CHILDREN 14-18) NAME OF CHILDREN	REGULAR SCHOOL ATTENDANCE		7B. Evidence verifying school attendance
	Yes	No	
George	X		CA 213 12-5-45 Co. file

8A RESIDENCE	B STATE (1) HOW ESTABLISHED	C NON-COUNTY (2) DATE COUNTY RESIDENCE BEGAN	8D. Evidence verifying State residence on first line (1). If non-county case, evidence verifying county residence on second line (2)
George	Phy. pres.		1 CA 221 1929 to present 12-7-45 Co. file
Marian et al	birth		2 See Item 6 B.
			1
			2
			1
			2

FORM CA 201 (revised)—July, 1945

(For reverse of form see next page)

(Section continued on next page)

250-99 (Continued)

250-99

FORM BL 244

State of California

Department of Social Welfare

PLAN FOR REHABILITATION
Aid to Needy BlindCounty Sacramento
Name Richard Roe
State Number Sac 1234 B1
County Number 00506

To the State Department of Social Welfare:

I hereby request that special consideration be given my application for Aid to the Needy Blind for the following reasons:

1. I own cash, securities and/or cash surrender value in insurance in excess of \$600 as follows:
 - a. Cash in the amount of \$750.00
 - b. Securities, value \$ none Description _____
 - c. Cash surrender value in insurance \$110
2. I am (~~preparing to engage in~~) a remunerative enterprise which will require additional resources for financing, as follows: (Explain fully) _____
Turkey farm. Cash reserve needed to pay for equipment and stock, and to replace losses until net profits increase.
3. I have a plan of rehabilitation which will require additional resources for financing, as follows: (Explain fully) Stock to be purchased and equipment for raising the young poults. There will be no income from this project until the birds are grown and ready for market. From this start I expect to increase my flock for the following year.
4. Date enterprise or rehabilitation enterprise ~~will start~~ (will start February, 1946)
5. I am receiving rehabilitation training from the following source _____
6. I have applied for rehabilitation training from the following source _____
7. I estimate it will require _____ to complete my training.
Length of Time
8. I estimate the amount of \$ 350.00 will be necessary to carry out my plan.
9. I estimate my income from the enterprise will be approximately \$ 100 per month. after the flock has been established.

Richard Roe
Signature of Applicant

County Recommendation:

That aid be granted. Verification in county file of the applicant's cash.
Bank book seen 11/15/45. Worker saw correspondence with Jones & Hansen,
of Modesto re purchase of equipment. Letters from Mr. J. H. Cane, Lincoln
re purchase of stock. Rept. in county file.
11/19/45
Date Margaret Summers
Signature of County WorkerApproved by the State Department of Social Welfare this twenty-third day of
November 1945.

FORM BL 244, REVISED JUNE, 1945

(Signed)

Perry Sundquist
Chief, Division for the Blind

(Section continued on next page)

250-99 (Continued)

250-99

FORM CA 203

FORM CA 203—December, 1940
 STATE OF CALIFORNIA
 DEPARTMENT OF SOCIAL WELFARE
 Summary of Information From
 Review of Documentary Evidence

Sacramento

County

11111

County Number

Summary of Information from Review of Documentary Evidence

AID TO NEEDY CHILDREN

THIS IS TO CERTIFY, That the following original or certified copies of documentary evidence
 pertaining to the verification of Parentage, Classification, Birth, and/or Residence for Joan and

Albert Adams

have been reviewed.

Full name of child (ren)

NATURE OF EVIDENCE:

1. County Recorder's record of death, 6/1/40, showing Allan Adams died 5/30/40 in Sacramento. Wife's name shown as Mabel Jones Adams.
2. Baptismal certificate, recorded 7/9/35, First Presbyterian Church, San Francisco, showing Joan Adams born 4/6/35, mother, Mabel Jones Adams; father, Allan Adams; birthplace, Reno, Nevada.
3. Baptismal certificate, recorded 11/5/38, First Presbyterian Church, San Francisco showing Albert Adams born 7/10/38, mother, Mabel Jones Adams; father, Allan Adams; birthplace, San Francisco, California.
4. Sacramento Co. public relief record shows continuous contact with family of Allan and Mabel Adams from 4/1/40 to present.

WHERE EVIDENCE MAY BE REVIEWED:

- | | |
|--|-------------------------------------|
| 1. Sacramento County Recorder's office | 4. Sacramento County Welfare office |
| 2. Mother's possession | 5. _____ |
| 3. Mother's possession | 6. _____ |

Lala Larson
 SIGNATURE OF WORKER REVIEWING EVIDENCE

Date signed *Sept. 9, 1944*

(Section continued on next page)

250-99 (Continued)

250-99

FORM CA 201 (Reverse)

9A. Property owned by parents and/or child(ren):

- (1) Real property, assessed value \$ 1000
(2) Cash and/or securities, value \$ 150
(3) Has made voluntary assignment of property no

10A. Contribution from parent(s) not living with child(ren):

- (1) Able to contribute Yes ☐ No ☒
(2) Actual contribution \$

11A. Assistance plan—budgetary basis for determining need:

- (1) Total budget for the family unit \$ 144.10
(2) Total income to family unit \$ 12.50
(3) Deficiency \$ 131.60
(4) ANC grant \$ 132.00

12A. Assistance plan—Board and care basis for determining need:

- (1) Charge for care for child(ren) . . . \$
(2) Total contribution from parent(s) \$
(3) Other income to child(ren) \$
(4) Deficiency \$
(5) ANC grant \$

9B. Evidence verifying property:

- (1) Prop. Search 44-45 Assessor's
Reg. 12-28-45
(2) F.V. ins. policies 12-11-45 appli.
possession
(3) See 9B (1) Investigation reveals none

10B. Evidence verifying ability to support and contribution from parent(s):

- (1) See Items 2 B
(2)

11B. Verification and explanation of assistance plan:

- Gen M48 1-7-46 Co. file
Rent from room-Dup. receipts, app. poss.
Gen M48 1-7-46 Co. file
" " " " "

12B. Verification and explanation of assistance plan:

13. CERTIFICATION AND RECOMMENDATION:

I certify that the above facts have been verified by investigation, that complete supporting evidence is on file in the county office, is open to inspection by duly authorized State and Federal representatives and that to the best of my knowledge and belief:

A. George, Marian, Peter and Gloria qualify for Aid to Needy Children and I recommend that aid be granted in the amount of \$ 132.00; if the beginning date of aid is later than specified under Section 1550 or 1552 of the W. and I. Code, give the reason:

B. _____ do not qualify for Aid to Needy Children and I recommend that aid be denied for the following reason(s):

Grace Lee 1/29/46 Louise Lewis 2/1/46
Signature of county public assistance worker Date Signature of case supervisor or director Date

14. Approved by the Board of Supervisors of Sacramento County this 5th day of February, 1946
for Aid to Needy Children for George, Marian, Peter and Gloria
in the amount of \$ 132.00, aid to begin on the 1st day of February, 1946.

William Allen
Signature of County Clerk or Deputy

15. Denied by the Board of Supervisors of _____ County this _____ day of _____, 19____
for _____ for the following reasons:

Signature of County Clerk or Deputy

16. TO BE COMPLETED BY THE STATE DEPARTMENT OF SOCIAL WELFARE

Aid to begin _____
Amount . \$ _____

Signature of Reviewer

Date

(Section continued on next page)

(Section continued on next page)

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

FORM CA 239

Notification of Action By the Board of Supervisors
Aid to Needy ChildrenSacramento COUNTY

To: [

Mrs. Madeline Sherman
8181 48th Avenue
Sacramento, CaliforniaDate September 14, 1944
Children's Surname Sherman
State No. 8ao 5552 County No. 6664
District _____

The County Board of Supervisors in accordance with the State law and the Rules and Regulations of the State Board of Social Welfare acted upon your application for Aid to Needy Children as checked below:

☒ Application granted effective September 1, 1944 in the amount of \$ 134
For Susanne and Shirley Write in names of children _____☐ Application denied
For _____ Write in names of children _____Reason for Action: _____

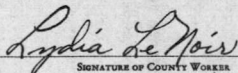
The County Board of Supervisors adjusted the grant of Aid to Needy Children received by you as checked below:

☐ Aid was Decreased/Increased effective _____ to \$ _____
For _____ Write in names of children _____☐ Aid was discontinued effective _____
For _____ Write in names of children _____Reason for Action: _____

The grant of aid, or any change in the amount of aid, is based on the present circumstances and is subject to revision with a change in circumstances.

If you do not understand this notice or are dissatisfied with the action of the Board of Supervisors, contact the County Welfare Department located at _____ for discussion of any question involved.

Any applicant or recipient who is dissatisfied with the action taken upon his application, or with respect to the amount of aid granted may appeal to the State Department of Social Welfare, 616 K Street, Sacramento, California.


SIGNATURE OF COUNTY WORKER**IMPORTANT.**—Information for all recipients of Aid to Needy Children:

Should circumstances make it necessary for you to move, it is your responsibility to make proper arrangements with your County Welfare Department before you move, either out of the county or to a new address within the county. Otherwise, there may be an unavoidable delay or interruption in the receipt of aid.

In accordance with your statement, formally sworn to at the time you signed the application, you are urged to discuss promptly with your County Welfare Department any changes in circumstances or financial condition. This will include reporting marriage of parent or a child as well as discussion of purchase or sale of real or personal property and any changes in income from property, earnings, or any other source.

FORM CA 239 (revised)—June, 1944

Notification of Suspended (Withheld) Aid Payments
AID TO NEEDY CHILDRENSacramento COUNTY

To:

Mrs. Mary Jones
2803-19th Street
Sacramento, CaliforniaDate Jan. 20, 1946County Number 8ao 12356State Number 524 CA

District _____

RE: John and Peter Jones

Name children

The Aid to Needy Children warrant for the month of February has been suspended (withheld) pending completion of investigation of the children's eligibility to receive it. This action was necessary because:

We are awaiting your attorney's report regarding the amount of cash available from the inheritance you received in January.

Every effort is being made to complete the investigation promptly, and if the children are found eligible to receive the warrant it will be sent to you. Otherwise the aid can not be paid.

If you do not understand this notice, or are dissatisfied with the action taken, contact the County Welfare Department located at County Court House for discussion of any questions involved.

COUNTY WELFARE DEPARTMENT

By Helen Larson

Any applicant or recipient who is dissatisfied with the action taken upon his application, or with respect to the amount of aid granted may appeal to the State Department of Social Welfare, 616 K Street, Sacramento, California. (Welfare and Institutions Code, Section 1551.)

An appeal to, or a request for a hearing before the Social Welfare Board shall be made within one year after the date of the action with which the applicant or recipient is dissatisfied. (Welfare and Institutions Code, Section 104.5.)

IMPORTANT: Information for all recipients of Aid to Needy Children:

Should circumstances make it necessary for you to move, it is your responsibility to make proper arrangements with your County Welfare Department before you move, either out of the county or to a new address within the county. Otherwise, there may be an unavoidable delay or interruption in the receipt of aid.

In accordance with your statement, formally sworn to at the time you signed the application, you are urged to discuss promptly with your County Welfare Department any changes in circumstances or financial condition. This will include reporting marriage of parent or a child as well as discussion of purchase or sale of real or personal property and any changes in income from property, earnings, or any other source.

FORM CA 239-A—July, 1945

FORM CA 239-A

250-99 (Continued)

250-99

FORM CA 234

FORM CA 234—March, 1941
STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
Statement Re Non-County Residence

STATEMENT RE NON-COUNTY RESIDENCE

AID TO NEEDY CHILDREN

(To be Submitted to State Department of Social Welfare on
Non-County Cases Only)

1. The residence of Doe, Elizabeth et al in Sacramento County
Full name of child(ren) County of application

is determined at the present by the provisions of Subdivisions (b) of Section 1526 of the
a, b, c, d, e, or f
Welfare and Institutions Code.

2. The counties of child's residence and the basis for determining the child's residence during the past year immediately preceding date residence began in county of application were as follows:

COUNTY OF CHILD'S RESIDENCE	PERIOD OF CHILD'S COUNTY RESIDENCE	BASIS FOR DETERMINING CHILD'S RESIDENCE SUBDIVISION SECTION 1526	REASON
<u>Yuba</u>	<u>Jan. 1934 to September 5, 1941</u>	<u>(a)</u>	<u>Residence determined by father.</u>
<u>Sacramento</u>	<u>Sept. 5, 1941 to present</u>	<u>(b)</u>	<u>Father deceased—residence determined by mother</u>
	to		
	to		
	to		

3. If child's(ren's) residence determined under Subdivision "e" of Section 1526, state why Subdivisions a, b, c, and d do not govern child's county residence (i.e. death of parents, etc.).

4. Indicate other pertinent information if it is necessary to clarify the non-county status in an individual case.

[SIGNATURE OF COUNTY WORKER]

Helene Hart

Date

8/19/42

(Section continued on next page)

353-99 (Continued)

353-99

FORM AG 206 (Reverse)

County Report of Eligibility Investigation

1. Real Property: Verified information and source thereof.

No change in holdings reported by recipient. Report of two-year search for period prior to application on file. Assessed value of real property \$1000, 1943 tax bill.

2. Personal Property: Verified information and source thereof.

Only personal property is 1936 Ford possessed when aid began and Bank of America account. Balance on 8/28/44 was \$85. Bank report on file.

3. Income: Verified information and source thereof.

SOURCE	AMOUNT	SOURCE	AMOUNT
son John	\$ 15.00		\$
home owned	4.00		

4. Responsible Relatives: Has each been requested to sign Form Ag 225 revised? yes

Which relatives are considered to have a degree of liability under the Relatives' Contribution Scale?

son, John

5. Date of last home visit to recipient August 24, 1944 If visit was not made, indicate the substitute contact

6. Present living arrangement: (Check one)

Alone ☐ With relatives ☒ Boarding home ☐Private institution ☐ Other ☐

Give Name

7. Amount of Old Age Security to which recipient is eligible? \$31

8.

James Martin
Signature of County Investigator

9/1/44
Date

(Section continued on next page)

353-99 Forms Used in Reinvestigation Procedures

353-99

STATE OF CALIFORNIA	DEPARTMENT OF SOCIAL WELFARE	FORM AG 206
	State No. <u>0-2-1000</u>	
	County No. <u>0-444</u>	

**RECIPIENT'S AFFIRMATION OF ELIGIBILITY
FOR OLD AGE SECURITY**

I, John Doe, residing at 419 4th Street,
Print or Type Name in Full Street Number or R.F.D.
City Sacramento, County of Sacramento,
California, herewith affirm my belief that I am eligible for Old Age Security, to wit:
I do not own real property with an assessed value, less all encumbrances thereon of record, in excess of three thousand dollars (\$3,000.00).
The combined real property of my spouse and myself does not have an assessed value, less all encumbrances thereon of record, in excess of three thousand dollars (\$3,000.00).
I live in a home which I own in whole or in part X Yes No
My spouse and/or I have acquired real property consisting of none since my last application for Old Age Security.
My spouse and/or I have disposed of real property consisting of none since my last application for Old Age Security.
I do not have personal property, the value of which less all encumbrances thereon of record is in excess of six hundred dollars (\$600.00).
I have acquired personal property consisting of none since my last application for Old Age Security.
I have disposed of personal property consisting of none since my last application for Old Age Security.
I am in need. I have income, not including Old Age Security, as follows:

SOURCE	AMOUNT OF CASH	OTHER THAN CASH—SPECIFY SUCH AS FREE RENT, FOOD, ETC.
Spouse	\$ <u>none</u>	<u>none</u>
Children	<u>15.00</u>	"
Other Relatives or Friends	<u>none</u>	"
Earnings	"	"
Rentals	"	"
Annuities or Insurance	"	"
Servicemen's Allowances	"	"
Stock Dividends	"	"
Interest	"	"
Social Security Benefits	"	"
Civil, Military or Fraternal Pensions	"	"
Other	"	"

I have received during the past year, other than Old Age Security, income from the following sources \$15 per month
from son

My spouse is living yes His, or her, address is 419 4th St., Sacramento, California
Yes or No
I have 3 living children.
I have been an inmate of a hospital or institution since my last application for Old Age Security no
Yes or No

I solemnly swear or affirm that the statements above set forth are true and correct to the best of my knowledge and belief, and that I will notify the county authorities promptly of any change in my income or in my property holdings or financial condition, and of any change in address.

NOTE.—When recipient can not sign his name, the signature of two witnesses to his mark must appear.

John Doe
Signature or Mark of Applicant

Witness to Mark

Witness to Mark

Note: Optional with county whether or not signature is attested.
Subscribed and sworn to before me this 24th day of August, 19 44.

NAME James C. Brown
Signature of Person Qualified to Acknowledge an Affidavit

Title Notary Public

Section 4295, Political Code, as amended by 1939 Legislature provides, in part: (5) "Whenever the oath of an affiant or the affidavit of a person is necessary in order that a person may obtain charity or relief from any agency or department of the United States Government, the State of California, or any political subdivision thereof, no fee shall be charged for the taking of such oath."

FORM AG 206 (revised)—August, 1943

(For reverse of form see next page)

(Section continued on next page)

353-99 (Continued)

353-99

FORM BL 206 (Reverse)

County Report of Eligibility Reinvestigation

1. Blindness. Date of latest physician's report of eye examination 10/22/45
2. Real Property. Verified information and source thereof.
No change as recipient continues to live with his parents.
3. Personal Property. Verified information and source thereof.
No change in personal property. \$500 insurance policy seen 10/11/45.
4. Income. Verified information and source thereof.
- | SOURCE | AMOUNT | HOW VERIFIED |
|--|----------------|--------------------------|
| <u>Parents give free rent and utilities.</u> | <u>\$ 8.00</u> | <u>Estimated amount.</u> |
| | | |
| | | |
| | | |
5. Need in Excess of \$60.00 Per Month. (ANB only)
- | NATURE | HOW VERIFIED | AMOUNT | HOW VERIFIED |
|-------------|--------------|-----------|--------------|
| <u>none</u> | | <u>\$</u> | |
| | | | |
| | | | |
6. Plan for Self-Support. Verified information and source thereof.
none
- Is eligibility for Aid to Partially Self-Supporting Blind Residents indicated? NO
Yes or No
7. Responsible Relatives. Has each been contacted or requested to sign Form Bl 225, Statement of Responsible Relative? YES
Yes or No
 Of those contacted or who filed Form Bl 225, Statement of Responsible Relative, which relatives appear to have ability to assist?
Parents assisting with free rent and utilities.
8. Date of last home visit to recipient. 10/11/45 If visit was not made, indicate the substitute contact
9. Present living arrangement (check one): Alone ☐ With Relatives ☒ Boarding home ☐
 Private institution ☐ GIVE NAME Other ☐ (SPECIFY)
10. Recipient is eligible to ☒ Aid to Needy Blind in the amount of \$ 52.00
☐ Aid to Partially Self-Supporting Blind Residents

Alice White
 SIGNATURE OF COUNTY WORKER

October 31, 1945
 DATE

(Section continued on next page)

353-99 (Continued)

353-99

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

FORM BL 206

State No. Sac 2345 B1County No. 12345

Recipient's Affirmation of Eligibility for Aid to the Blind

I, John Jones residing at 1216 27th Street
City of Sacramento County of Sacramento
PRINT OR TYPE NAME IN FULL STREET NUMBER OR R.F.D. (If in institution, give name)

California, herewith affirm that I am in need and believe that I am eligible for ☒ Aid to Needy Blind
☐ Aid to Partially Self-Supporting to wit: Blind Residents

1. I am blind to the extent—Totally X Partially _____ Degree, if known _____
2. I do not own real and/or personal property with a county assessed value, less encumbrance of record, in excess of three thousand dollars (\$3,000).
3. I have cash or securities in the amount of \$ 390
4. Since my last application for Aid to the Blind:
(A) I have acquired real property consisting of none
(B) I have disposed of real property consisting of none
(C) I have acquired personal property consisting of none
(D) I have disposed of personal property consisting of none

5. I have income, not including Aid to the Blind, as follows:

SOURCE OF INCOME	AMOUNT OF CASH	OTHER THAN CASH SPECIFY SUCH AS FREE RENT, FOOD, ETC.
Earnings	<u>none</u>	
Rentals of Real Property	<u>none</u>	
Personal Property (Interest, dividends, etc.)	<u>none</u>	
Allotments from Service Men	<u>none</u>	
Insurance or Annuities	<u>none</u>	
Social Security Benefits	<u>none</u>	
Pensions (Military, civil or industrial)	<u>none</u>	
Responsible Relatives (Spouse, parents, adult children)	<u>none</u>	<u>Free rent and utilities</u>
Other: (specify)	<u>none</u>	

6. I live in a home which I own in whole or in part. no
Yes or No

7. I have received during the past year, other than Aid to the Blind, income from the following sources:
Free rent and utilities from mother and father.

8. I have a plan for achieving self-support no Type of plan _____
Yes or No

9. I am willing to use income and resources which I am permitted to retain for the purpose of achieving self-support.

10. I do not solicit alms.

11. I have been an inmate of a hospital or institution since my last application for Aid to the Blind no
Yes or No

If so, give name of hospital or institution _____

I solemnly swear or affirm that the statements above set forth which have been read to me are true and correct to the best of my knowledge and belief, and that I will notify the county authorities promptly of any change in my income, property holdings, financial condition, marital status, address, or plan for self-support.

NOTE.—When recipient cannot sign his name, the signature of two witnesses to his mark must appear.

John Jones
SIGNATURE OR MARK OF RECIPIENT

WITNESS TO MARK

Note: Optional with county whether or not signature is attested. WITNESS TO MARK

Subscribed and sworn to before me this 30th day of October 19 45

Name Dorothy Davis Title Deputy County Clerk

Signature of person qualified to acknowledge an affidavit

Section 4295, Political Code, as amended by 1939 Legislature provides, in part:

(5) "Whenever the oath of an affiant or the affidavit of a person is necessary in order that a person may obtain charity or relief from any agency or department of the United States Government, the State of California, or any political subdivision thereof, no fee shall be charged for the taking of such oath."

FORM BL 206 (revised)—July, 1945

[OVER]

(For reverse of form see next page)

(Section continued on next page)

353-99 (Continued)

353-99

FORM CA 206 (Reverse)

County Report of Eligibility Reinvestigation

1A. Classification:					1B. Evidence Verifying Classification:	
2. Whereabouts of parents { Mother <u>in home (616 K Street)</u> Father <u>deceased</u>					Cert. copy d/ctf 6/13/43	
3. Given Names of Children	4. Living Plan	5. PAYEE		6A. Regular School Attendance (16-18 years)	6B. Evidence verifying school attendance:	
		A. Relationship	B. Name if Other Than Applicant			
<u>Sammy</u>	<u>O. H.</u>	<u>mother</u>	<u>-</u>	<u>yes</u>	<u>Form CA 213 - 9/19/45</u>	
1A. Classification:					1B. Evidence Verifying Classification:	
2. Whereabouts of parents { Mother <u>in home (616 K Street)</u> Father <u>Alcatraz Prison</u>					<u>letter from Alcatraz, 11/26/45,</u> <u>man's status remains same</u>	
3. Given Names of Children	4. Living Plan	5. PAYEE		6A. Regular School Attendance (16-18 years)	6B. Evidence verifying school attendance:	
		A. Relationship	B. Name if Other Than Applicant			
<u>June</u>	<u>O. H.</u>	<u>mother</u>	<u>-</u>	<u>-</u>	<u>-</u>	
<u>Doris</u>	<u>O. H.</u>	<u>mother</u>	<u>-</u>	<u>-</u>	<u>-</u>	
7A. Property owned by parents and/or children:					7B. Evidence verifying property:	
(1) Real property, assessed value \$ <u>300</u>					(1) <u>Prop. search (1943-45) 11/3/45</u>	
(2) Cash and/or securities, value \$ <u>137.50</u>					(2) <u>Worker saw \$37.50 War Bond,</u>	
(3) Transfer or assignment made to qualify for aid Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					(3) <u>Verif. from Bank America shows</u>	
					(3) <u>\$100 savings acct.</u>	
8A. Contribution from parent(s) not living with child(ren):					8B. Evidence verifying ability to support and contribution from parent(s):	
(1) Able to contribute Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					<u>See Items 1B</u>	
(2) Actual contribution \$ _____						
9A. Assistance plan—Budgetary basis for determining need:					9B. Verification and explanation of assistance plan:	
(1) Total budget for family unit \$ <u>108.53</u>					<u>Gen M48 11/30/45</u>	
(2) Total income to family unit \$ _____						
(3) Deficiency \$ <u>108.53</u>					<u>" " "</u>	
(4) ANC grant \$ <u>109.00</u>					<u>" " "</u>	
10A. Assistance plan—Board and care basis for determining need:					10B. Verification and Explanation of assistance plan:	
(1) Charge for care for child(ren) \$ _____						
(2) Total contribution from parent(s) \$ _____						
(3) Other income to child(ren) \$ _____						
(4) Deficiency \$ _____						
(5) ANC grant \$ _____						
11. Date of last home visit: <u>11/20/45</u>						
12. Amount of Aid to Needy Children for which child(ren) is eligible: <u>\$ 109</u>						

13. Mary Myers 12/14/45
Signature of County Worker Date

353-99 (Continued)

353-99

STATE OF CALIFORNIA

FORM CA 206

DEPARTMENT OF SOCIAL WELFARE

STATE NO. Sac 123COUNTY NO. 4321

Applicant's Affirmation of Eligibility for Aid to Needy Children

I, Jane Jackson mother
Name of Applicant (PRINT OR TYPE NAME IN FULL) Relationship to Childrenresiding at 616 Kay Street Sacramento hereby affirm my belief
Address City
that the following children, who are under 18 years of age, are eligible for Aid to Needy Children, under the provisions of Division 2, Part 2, Chapter 1, of the Welfare and Institutions Code:

1. Surname		Surname	
<u>Jackson</u>		<u>Smith</u>	
GIVEN NAME	ADDRESS	GIVEN NAME	ADDRESS
	STREET AND CITY		STREET AND CITY
<u>June</u>	<u>616 K Street, Sacramento</u>	<u>Sammy</u>	<u>616 K Street, Sacramento</u>

2. Each child qualifies for aid under one of the following classifications:

- | | | |
|---|--|------------------------------|
| A. Orphan | D. Child of a parent under commitment to a State or Federal prison or hospital | G. Abandoned by both parents |
| B. Half-orphan | E. Child of incapacitated father | H. Illegitimate |
| C. Child whose father has been absent for three years | F. Child of tuberculous father | I. Foundling |

3. Each child is in need for the following reasons:

- A. Child(ren) and/or parents do not own real property with an assessed valuation in excess of \$3,000.
B. Child(ren) and/or parents do not have cash and/or securities in excess of \$500.
C. No transfer or assignment of property owned by parents and/or child(ren) was made in order to qualify for Aid to Needy Children.
D. Each whole orphan does not own cash and/or securities in excess of \$250.
E. Child does not receive adequate support from parents or other source.

4. Real and personal property transactions:

- A. Child(ren) and/or parents have acquired real property consisting of none
since the last application for Aid to Needy Children.
- B. Child(ren) and/or parents have disposed of real property consisting of none
since the last application for Aid to Needy Children.
- C. Child(ren) and/or parents have acquired personal property in the form of cash and/or securities consisting of none
since the last application for Aid to Needy Children.
- D. Child(ren) and/or parents have disposed of personal property in the form of cash and/or securities consisting of none
since the last application for Aid to Needy Children.

STATE OF CALIFORNIA

COUNTY OF Sacramento }

I solemnly swear or affirm that the statements as made herein are true and correct to the best of my knowledge and belief and that I will notify the county authorities of any real or personal property transactions, change in financial conditions, marriage of any of the above children, or remarriage of either parent of these children, and of any change in address.

NOTE.—When applicant can not sign his name, the signature of two witnesses to his mark must appear.

Jane Jackson
SIGNATURE OR MARK OF APPLICANT

WITNESS TO MARK

NOTE: Optional with county whether signature is attested. WITNESS TO MARK

Subscribed and sworn to before me this 9th day of February, 1946Name Hubert Hugh Title Deputy County Clerk
Signature of person authorized to acknowledge an affidavit

FORM CA 206 (revised)—July, 1945

(For reverse of form see next page)

(Section continued on next page)

365-99 (Continued)

365-99

FORM CA 232

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

Notice of Change—Aid to Needy Children

COUNTY _____ COUNTY NO. _____ STATE NO. _____
 Date _____
 Family Name _____
 Payee from Date of Change _____

SEC. I.

(1) NAMES OF CHILDREN	(2) Code for Discontinuation Reason	(3) Effective Date of Change	(4) NATURE OF CHANGE Increase, Decrease, Restoration, Change of Payee, or Discontinuance	(5) TOTAL AMOUNT CHILDREN'S AID PER MONTH GRANTED FROM DATE OF CHANGE	(6) ELIGIBLE FEDERAL PARTICIPATION	
					Yes	No
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Reason for Change: (Except Discontinuance) In reporting decrease—Give source of income

SEC. II.

COMPLETE THIS SECTION FOR DISCONTINUANCE ONLY

A. Date ineligibility occurred _____ B. Date of discovery _____ C. Date ineligibility verified _____
 D. Classification: ☐ WO ☐ HO ☐ AF ☐ ILLEG. ☐ PCI ☐ CIF ☐ TBF ☐ ABD. ☐ FDLG.

CODE FOR DISCONTINUANCE REASONS

Enter in Column 2 of Section I, opposite the name of each child for whom ANC is being discontinued, the code number which represents the principal reason for discontinuance of aid for that child. Only one code number should be entered for each child. Fill in below, information requested in starred items, as well as entering code number in Column 2 of Section I.

1. Now receiving adequate care due to:
 (A) Child's own earnings
 (B) Earnings of child coded 1 (A)
 (C) Earnings of father
 (D) Earnings of mother
 (E) Support by stepfather
 (F) Earnings of persons *in home* other than those listed in 1 (A) through 1 (E)
 (G) Marriage of child (support by spouse except military allowance)
 (H) Receipt of allotments and allowances to dependents of men in the armed forces
 * (I) Other income of any persons *in home* (specify below)
 (J) Support from persons (other than those specified above) *outside the home*
2. Excess assets acquired subsequent to approval
3. Child reached eighteenth birthday
- *4. Child in County Hospital. Date of admission _____
 Check the following for cases eligible for Federal participation:
 Determination of probable hospitalization period
☐ Two months or less from date of admission
☐ More than two months from date of admission
 * Fill in information requested as well as entering code number in Column 2, Section I
- *5. Child admitted to other public institution
 NAME OF INSTITUTION _____
6. Child joined armed forces
- *7. Subsequent information disproves eligibility previously established (explain below)
- *8. Change in policy (specify below)
9. Parent discharged from institution
10. Father no longer incapacitated for gainful work
11. Absent father returned
- *12. Transferred to _____ County
13. Moved out of State—loss of State residence
14. Refusal after acceptance to comply with established regulations
- *15. Other (specify below)

REMARKS:

SHOULD REPAYMENT OF AID BE DUE, STATE REASON, AND POSSIBILITY OF OR PLAN FOR ITS COLLECTION IN SPACE ABOVE

SEC. III.

Complete This Section for Change of School Status Children, 16-18, Otherwise Eligible for Federal Participation

NAME OF CHILD _____ DATE OF ENROLLMENT—OR—DATE OF TERMINATION _____ DATE OF VERIFICATION _____
 [SIGNED] _____
 SIGNATURE OF COUNTY PUBLIC ASSISTANCE WORKER

SEC. IV. A. Child is in home eligible for Federal participation

I herewith make application for Aid to Needy Children for the above named children who will be maintained by me in my home.

[SIGNED] _____

SIGNATURE OF PAYEE AND RELATIONSHIP

ADDRESS WHERE CHILDREN WILL BE MAINTAINED

B. Child is in home ineligible for Federal participation

I HEREBY CERTIFY That the signature of the new payee is contained in the county files.

[SIGNED] _____

SIGNATURE OF COUNTY OFFICIAL OR OTHER PERSON RESPONSIBLE FOR PLACEMENT OF CHILDREN

SEC. V. Approved by the Board of Supervisors of the County of _____ this _____ day of _____ 19____

RESERVE FOR STATE

[SIGNED] _____

COUNTY CLERK OR DEPUTY

Reviewer _____ Date _____

Audit Clerk _____ Date _____

Submit two copies to State Department of Social Welfare for Discontinuances, Restorations, and Changes of Payee
 One copy for other changes

SUBMIT ONE COPY OF ALL CHANGES TO COUNTY AUDITOR

FORM CA 232 (revised)—July, 1945

(Section continued on next page)

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

NOTICE OF CHANGE

AID TO THE BLIND

Submit two copies to State Department of Social Welfare for discontinuances (including discontinuance of payment to county for hospital or infirmary care), restorations, and payment to county for hospital or infirmary care; one copy for other changes. **SUBMIT ONE COPY OF ALL CHANGES TO COUNTY AUDITOR.**

County _____ County No. _____ State No. _____
NAME _____
DATE _____

Aid granted under (Check one): ☐ ANB ☐ APSB

SEC. I. Aid to the Individual Recipient

Change (1)	Effective Date of Change (2)	Aid to Blind Grant From Date of Change (3)	INCOME OTHER THAN AID TO BLIND		NEED IN EXCESS OF \$60 (ANB Only)	
			Total Income Other Than Aid to Blind (4)	Source and Amounts of Income (5)	Total Need (6)	Nature and Amount of Each Excess Need and How Verified (7)
DECREASE						
INCREASE						
RESTORATION						
TRANSFER FROM: <input type="checkbox"/> ANB to APSB OR <input type="checkbox"/> APSB to ANB						
DISCONTINUANCE						
CHANGE IN NEED OR INCOME. NO CHANGE IN GRANT						
			TOTAL			

REASON FOR CHANGE—*Except Discontinuance:* (Give date of release from institution if restored for this reason.)

SEC. II. Discontinuance of Aid to the Individual Recipient

- A. Date ineligibility discovered _____
- B. Date of last previous county investigation _____
- C. Reason for discontinuance of aid to recipient (check principal reason only)
- ☐ 1. Death. Date _____
 - ☐ 2. In county hospital (medical care) more than 2 months
Date of admission _____
Determination of probable hospitalization period:
☐ Two months or less from date of admission
☐ More than two months from date of admission
 - ☐ 3. Admitted to county infirmary (custodial care)
Date _____
 - ☐ 4. Admitted to other public institution. Date _____
INSTITUTION _____
 - ☐ 5. Subsequent information disproved eligibility originally established (explain below) _____
 - ☐ 6. Old age retirement benefits
 - ☐ 7. Survivors' benefits
 - ☐ 8. Earnings of recipient
 - ☐ 9. Earnings of spouse
 - ☐ 10. Other resources of spouse
 - ☐ 11. Contributions from parents or adult children *in home*
☐ (A) Earnings
☐ (B) Other resources
 - ☐ 12. Contributions from other persons *in home*
☐ (A) Earnings
☐ (B) Other resources
 - ☐ 13. Contributions from parents or adult children *outside of home*
 - ☐ 14. Contributions from other persons *outside of home*
 - ☐ 15. Receipt of allotments or allowances by dependents of members of the armed forces
 - ☐ 16. Income from property (specify) _____
 - ☐ 17. Income from other sources (specify) _____
 - ☐ 18. Excess property
☐ (A) Increased holdings
☐ (B) Increase in value of holdings
 - ☐ 19. Transfer of property
 - ☐ 20. Accepted for ☐ APSB ☐ ANB ☐ OAS
 - ☐ 21. Transferred to _____ County
 - ☐ 22. Loss of State residence. Moved out of State
 - ☐ 23. Present vision exceeds standard for blindness
 - ☐ 24. Other reason (explain fully below) _____

REMARKS:

If discontinuance is due to excess income or property (Items C. 6-18) state total amount of income, type and value of property, and date excess was first received or acquired. Should a refund be due, state possibility of or plans for its collection.

SEC. III. Payment to County for Institutional Care (ANB only) under Welfare and Institutions Code Section 3044.1

TYPE OF CARE	BEGIN PAYMENT	DISCONTINUE PAYMENT
	Effective date _____ Amount of recipient's grant when admitted \$ _____	Effective date _____ Reason for discontinuance (check one): <input type="checkbox"/> Discharge } Date _____ <input type="checkbox"/> Death }
Check one: <input type="checkbox"/> County hospital <input type="checkbox"/> County infirmary		

SEC. IV.

Approved by the Board of Supervisors of the County of _____ this _____ day of _____ 19 _____

RESERVE FOR STATE

Review _____ Date _____ [SIGNED] _____ County Clerk or Deputy

Audit _____ Date _____

FORM BL 232 (revised)—July, 1945

FORM BL 232

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

NOTICE OF CHANGE

OLD AGE SECURITY

Submit two copies to State Department of Social Welfare for discontinuances (including discontinuance of payment to county for hospital or infirmary care), restorations, and payment to county for hospital or infirmary care; one copy for other changes. **SUBMIT ONE COPY OF ALL CHANGES TO COUNTY AUDITOR.**

County _____ County No. _____ State No. _____
NAME _____
DATE _____

SEC. I. Aid to the Individual Recipient

Change (1)	Effective Date of Change (2)	OAS Grant From Date of Change (3)	INCOME OTHER THAN OAS GRANT		NEED IN EXCESS OF \$50	
			Total Income Other Than OAS Grant (4)	Source and Amounts of Income (5)	Total Need (6)	Nature and Amount of Each Excess Need and How Verified (7)
DECREASE						
INCREASE						
RESTORATION						
DISCONTINUANCE						
CHANGE IN NEED OR INCOME. NO CHANGE IN GRANT						
			TOTAL			

REASON FOR CHANGE—*Except Discontinuance:* (Give date of release from institution if restored for this reason. If restored following discontinuance because of employment, state date of applicant's signed request for restoration.)

SEC. II. Discontinuance of Aid to the Individual Recipient

- A. Date ineligibility discovered _____
- B. Date of last previous county investigation _____
- C. Reason for discontinuance of aid to recipient (check principal reason only)
- ☐ 1. Death. Date _____
 - ☐ 2. In county hospital (medical care) more than 2 months
Date of admission _____
Determination of probable hospitalization period:
☐ Two months or less from date of admission
☐ More than two months from date of admission
 - ☐ 3. Admitted to county infirmary (custodial care)
Date _____
 - ☐ 4. Admitted to other public institution. Date _____
INSTITUTION _____
 - ☐ 5. Subsequent information disproved eligibility originally established (explain below) _____
 - ☐ 6. Old age retirement benefits
 - ☐ 7. Survivors' benefits
 - ☐ 8. Earnings of recipient
 - ☐ 9. Earnings of spouse
 - ☐ 10. Other resources of spouse
 - ☐ 11. Contributions from adult children *in home*
☐ (A) Earnings
☐ (B) Other resources
 - ☐ 12. Contributions from other persons *in home*
☐ (A) Earnings
☐ (B) Other resources
 - ☐ 13. Contributions from adult children *outside of home*
 - ☐ 14. Contributions from other persons *outside of home*
 - ☐ 15. Receipt of allotments or allowances by dependents of members of the armed forces
 - ☐ 16. Income from property. (Specify) _____
 - ☐ 17. Income from other sources. (Specify) _____
 - ☐ 18. Excess property
☐ (A) Increased holdings
☐ (B) Increase in value of holdings
 - ☐ 19. Transfer of property
 - ☐ 20. Accepted for ANB or APSB
 - ☐ 21. Transferred to _____ County
 - ☐ 22. Loss of State residence. Moved out of State
 - ☐ 23. Other reason (explain fully below) _____

REMARKS:

If discontinuance is due to excess income or property (Items C. 6-18), state total amount of income, type and value of property, and date excess first received or acquired. Should a refund be due, state possibility of or plans for its collection.

SEC. III. Payment to County for Institutional Care Under Welfare and Institutions Code Section 2160.7

TYPE OF CARE	BEGIN PAYMENT	DISCONTINUE PAYMENT
	Effective date _____ Amount of recipient's grant when admitted \$ _____	Effective date _____ Reason for discontinuance (check one): <input type="checkbox"/> Discharge } Date _____ <input type="checkbox"/> Death }
Check one: <input type="checkbox"/> County hospital <input type="checkbox"/> County infirmary		

SEC. IV.

Approved by the Board of Supervisors of the County of _____ this _____ day of _____ 19 _____

RESERVE FOR STATE

Review _____ Date _____ [SIGNED] _____ County Clerk or Deputy

Audit _____ Date _____

FORM AG 232 (revised)—July, 1945

FORM AG 232

(Section continued on next page)

FORM AG 217 (revised)—December, 1940
(Formerly Ag 54)STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARENotice to Recipient of
Old Age Security Who
Changes County ResidenceNOTICE TO RECIPIENT OF OLD AGE SECURITY WHO
CHANGES COUNTY RESIDENCESacramento 4-000 Sec 1491 Ag
County County No. State No.March 27, 1942
DateJohn Doe
NAMEMartinez, California
ADDRESS

We have advised Contra Costa County that you have moved to that county with the intent to make it your future home. Within the near future a representative of the County Welfare Department where you are now living will communicate with you.

Old Age Security payments will be made from this county for a temporary period and thereafter, if you remain eligible, they will be paid through the county in which you are now living.

It is our desire that Old Age Security shall be received continuously and without interruption so long as you remain eligible. Your cooperation is necessary, however, in order that this may be possible. The county which issues a monthly warrant to you must be kept informed of all changes in your address. Should circumstances make it necessary for you to move to a new address before payment of aid is assumed by the county in which you are now living, please notify this department as well as the County Welfare Department where you are now living before you move. Any oversight on your part in notifying proper authorities may result in a delay or interruption in your aid.

In accordance with your sworn statement on your signed application, we urge you to discuss promptly with your local County Welfare Department, any changes in your circumstances or financial condition. This will include discussion of purchase or sale of real or personal property, and any changes in your income from property, responsible relatives, earnings, or any other source.

FORM AG 217

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

NOTICE TO RECIPIENT OF OLD AGE SECURITY
OF EFFECTIVE DATE OF TRANSFERSacramento 4-000 Sec. 1491
COUNTY COUNTY No. STATE No.November 15, 1942
DATEJohn Doe
NAME409 Beach St., Martinez, Calif.
ADDRESS

In accordance with our records, responsibility for payment of your aid will be assumed by the County of Contra Costa on 1-1-, 1946.

The County of Sacramento will discontinue your Old Age Security on 12-31, 1945.

If you have any questions, we suggest that you get in touch with the County Welfare Department in the county where you are now living.

Contra Costa
Social Service Dep
Court House
Martinez, Calif.

FORM AG 218 (revised)—July, 1945

FORM AG 218

370-99 (Continued)

CONTINUING SERVICES

Public Assistance Program

370-99

370-99

(Section continued on next page)

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

Notification of Transfer
OLD AGE SECURITY
Non-County Transfer

Date March 27, 1942

(A) To Contra Costa Co. From Sacramento Co.
County of Second Residence County of First Residence

This is to notify you that John Doe Name of Recipient, Sac 1491 Ag State Number
a recipient of OLD AGE SECURITY in the amount of \$ 40.00 per month paid
through Sacramento Co. County of First Residence, has moved to your county and is living
at 409 Beach Street, Martinez Address in Second County

Marian Miller
Signature of County Worker, First County

Date April 13, 1942

(B) To Sacramento Co. From Contra Costa Co.
County of First Residence County of Second Residence

THIS IS TO CERTIFY That according to investigation we have been able to make to date, it was
found that John Doe Name of Recipient, Sac 1491 Ag State Number
established his residence by union of act and intent in the County of Contra Costa County of Second Residence
on Jan. 16, 1942 Date Residence Established in Second County
(Affidavit of Recipient attached to substantiate above date, Form Ag 216 (formerly Ag 34))

that need has continued and it is recommended that OLD AGE SECURITY continue in the amount of
\$ 40.00

The date for beginning payment of OLD AGE SECURITY by Contra Costa County of Second Residence
will be Feb. 1, 1943 if applicant is otherwise eligible.

Jane Meyer
Signature of County Worker, Second County

Date April 27, 1942

(C) To Contra Costa Co. From Sacramento Co.
County of Second Residence County of First Residence

This is to notify you that OLD AGE SECURITY will continue in the amount of \$ 40.00
to John Doe Name of Recipient 409 Beach Street, Martinez Address

The date for discontinuance of OLD AGE SECURITY in first county will be Jan. 31, 1943
unless there is a change in residence or financial condition.

Marian Miller
Signature of County Worker, First County

Directions for Handling Notifications of Transfer

First County fills out Section A on 5 copies of Form Ag 215 (formerly Ag 33) retaining 1 copy and sending 4 to the second County. Second County fills out Section B, retaining 1 copy and returning 3 to the first County. First County fills out Section C, retaining 1 copy, sending 1 copy to the State Department of Social Welfare, and returning 1 to the second County, with certified copies of original application and supporting documents.

FORM AG 215 (revised)—October, 1939

FORM AG 215

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

County Sacramento Co. No. 4-000
State No. Sac 1491

Affidavit of Residence of a Recipient of Old Age Security
(For use of recipient who changes county residence under Section 2200 of the Welfare and Institutions Code)

THIS IS TO CERTIFY, That I, John Doe
left the County of Sacramento on Oct. 15, 1945 and decided to make
my residence in the County of Contra Costa on Oct. 15, 1945
I made this change for the following reason: I purchased a home in Contra Costa
Co. & moved here to be near my daughter.

John Doe
SIGNATURE OR MARK OF AFFIANT
(Name to be given as above)

NOTE—When the applicant can not sign his
name, the signatures of two witnesses
to his mark must appear.

WITNESS TO MARK

WITNESS TO MARK

Subscribed and sworn to before me this 12th day of November 1945

Name Marian Miller Title Deputy County Clerk
SIGNATURE OF COUNTY CLERK OR PERSON AUTHORIZED TO ACKNOWLEDGE AN AFFIDAVIT

Section 4295, Political Code, as amended by 1939 Legislature provides, in part: (5) "Whenever the oath of an affiant or the affidavit of a person is necessary in order that a person may obtain charity or relief from any agency or department of the United States Government, the State of California, or any political subdivision thereof, no fee shall be charged for the taking of such oath."

FORM AG 216 (revised)—October, 1944

FORM AG 216

370-99 (Continued)

FORM BL 218

370-99

DEPARTMENT OF SOCIAL WELFARE

STATE OF CALIFORNIA

Notice to Recipient of Aid to the Blind of Effective Date of Transfer

Sacramento 3-999 Sac. 414 B1
 COUNTY COUNTY No. STATE No.
Oct. 16, 1942
 DATE

Richard Roe
 NAME
Woodland, California
 ADDRESS

In accordance with our records, responsibility for payment of your aid will be assumed by the County of Yolo on Jan. 5, 1943.

The County of Sacramento will discontinue your Aid to the Blind on Jan. 31, 1943.

If you have any questions, we suggest that you get in touch with the County Welfare Department in the County where you are now living.

FORM BL 218 (revised)—July, 1943.

FORM BL 217

DEPARTMENT OF SOCIAL WELFARE

STATE OF CALIFORNIA

Notification to Recipient of Aid to the Blind Who Changes County Residence

Sacramento
 COUNTY
January 15, 1946
 DATE
Sac 1498 B1 00000
 STATE No. COUNTY No.

Mrs. Jane Doe
 NAME
1566 Circle Drive
 ADDRESS
San Francisco, California

We have advised San Francisco County that you have moved to that County with the intent to make it your future home. Within the near future a representative of the County Welfare Department where you are now living will communicate with you.

Aid to the Blind payments will be made from this County for a temporary period and thereafter, if you remain eligible, they will be paid through the County in which you are now living.

It is our desire that Aid to the Blind shall be received continuously and without interruption so long as you remain eligible. Your cooperation is necessary, however, in order that this may be possible. The County which issues a monthly warrant to you must be kept informed of all changes in your address. Should circumstances make it necessary for you to move to a new address before payment of aid is assumed by the County in which you are now living, please notify this Department as well as the County Welfare Department where you are now living BEFORE you move. Any oversight on your part in notifying proper authorities may result in a delay or interruption in your aid.

In accordance with your sworn statement on your signed application, we urge you to discuss promptly with your local County Welfare Department, any changes in your circumstances or financial condition. This will include discussion of purchase or sale of real or personal property, and any changes in your income from property, responsible relatives, earnings, or any other source.

FORM BL 217 (revised)—July, 1944

(Section continued on next page)

(Section continued on next page)

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

NOTIFICATION OF TRANSFER

AID TO THE BLIND

April 6, 1942

Date

Sac 414 B1 2436
State No. County No.

(A) To Yolo Co. From Sacramento Co.
County of Second Residence County of First Residence

This is to notify you that Richard Roe Name of Recipient
a recipient of ☒ Aid to Needy Blind
☐ Aid to Partially Self-Supporting Blind Residents in the amount of \$ 50.00
a month paid through Sacramento Co. County of First Residence, has moved to your county and
is living at 305 Main St., Woodland Address in Second County

Jane Johnson
Signature of County Worker, First County

May 4, 1942
Date

(B) To Sacramento Co. From Yolo Co.
County of Second Residence County of First Residence

THIS IS TO CERTIFY that according to investigation we have been able to make to date, it was
found that Richard Roe Name of Recipient, 305 Main St., Woodland Address
established his residence by union of act and intent in the county of Yolo County of Second Residence
on Jan. 5, 1942 Date Residence Established Second County that eligibility has continued and it is recommended that
☒ Aid to Needy Blind
☐ Aid to Partially Self-Supporting Blind Residents continue in the amount of \$ 50.00
The date for beginning payment of Aid to the Blind by Yolo Co. County of Second Residence
will be Feb. 1, 1943 if applicant is otherwise eligible.

Alice Lore
Signature of County Worker, Second County

May 18, 1942
Date

(C) To Yolo Co. From Sacramento Co.
County of Second Residence County of First Residence

This is to notify you that ☒ Aid to Needy Blind
☐ Aid to Partially Self-Supporting Blind Residents will continue in
the amount of \$ 50.00 to Richard Roe Name of Recipient, 305 Main Street, Woodland Address
and the date for discontinuance of Aid to the Blind in first county will be Jan. 31, 1943
unless there is a change in residence or other eligibility status.

Jane Johnson
Signature of County Worker, First County

Directions for Handling Notifications of Transfer

First county fills out Section A on 5 copies of Form BL 215, retaining 1 copy and sending 4 to the second county. Second county fills out Section B, retaining 1 copy and returning 3 to the first county. First county fills out Section C, retaining 1 copy, sending 1 copy to the State Department of Social Welfare, and returning one to the second county with certified copies of original application and supporting documents.

*First day of the first month subsequent to completion of one year of residence unless a residence of one year is completed on the first day of the month, in which case payment of aid will begin on that date.

FORM BL 215 (revised)—October, 1943

FORM BL 215

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

County AlamedaDate January 16, 1946Sac 000 B1 5678
State No. County No.

Affidavit of Residence of a Recipient of Aid to the Blind

THIS IS TO CERTIFY, That I, Richard Roe
left the County of Sacramento on December 15, 1945
and decided to make my residence in the County of Alameda
on December 15, 1945

I made this change for the following reason: After my wife's death I came
to live with my daughter.

Richard Roe
SIGNATURE OR MARK OF AFFIANT

NOTE.—When the affiant can not sign his name, the
signature of two witnesses to his mark must
appear.

WITNESS TO MARK

WITNESS TO MARK

Subscribed and sworn to before me this 16th day of January 19 46

Name John Adams Title Justice of the Peace
SIGNATURE OF COUNTY CLERK OR PERSON AUTHORIZED TO ACKNOWLEDGE AN AFFIDAVIT

Section 4295, Political Code, as amended by 1939 Legislature, provides in part: "(5) Whenever the oath of an affiant or the affidavit of a person is necessary in order that a person may obtain charity or relief from any agency or department of the United States Government, the State of California, or any political subdivision thereof, no fee shall be charged for the taking of such oath."

FORM BL 216 (revised)—November, 1944

FORM BL 216

370-99 (Continued)

370-99

Public Assistance Program

CONTINUING SERVICES

370-99

FORM CA 217 (revised)—August, 1940
(Formerly CA 48)

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
Notification Concerning Change of
County Residence

Notification Concerning Change of County Residence
AID TO NEEDY CHILDREN

Sacramento 3-323 Sac 404 CA
County Co. No. State No.
Smith, Sarah et al.
Name of Children
March 20, 1942
Date

To:

Mary Smith
2244 Green Street
San Francisco,
California

We have advised San Francisco County of the change in county residence of the above named children. Within the near future a representative of the county welfare department where you are now living will communicate with you.

Aid to Needy Children payments will be made from this county for a temporary period and thereafter, if the children remain eligible, payments will be paid through the county in which they are now living.

It is our desire that Aid to Needy Children shall be received continuously and without interruption so long as the children remain eligible. Your cooperation is necessary, however, in order that this may be possible. The county which issues a monthly warrant to you must be kept informed of all changes in your address. Should circumstances make it necessary for you or the children to move to a new address before payment of aid is assumed by the county in which you are now living, please notify this department as well as the county welfare department where you are now living, BEFORE you move. Any oversight on your part in notifying proper authorities may result in a delay or interruption in your aid.

In accordance with your sworn statement on your signed application, we urge you to discuss promptly with your local county welfare department any changes in your circumstances or financial condition. This will include reporting marriage of parent or a child as well as discussion of purchase or sale of real or personal property, and any changes in your income from property, earnings, or any other source.

FORM CA 217

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

FORM CA 218

NOTIFICATION OF EFFECTIVE DATE OF TRANSFER
AID TO NEEDY CHILDREN

Sacramento 66321 Sac 212 CA
County County No. State No.
Sarah et al.
Names of Children
Feb. 9, 1946
Date

To:

Mary Smith
2244 Green Street
San Francisco
California

In accordance with our records, responsibility for payment of aid for the above named children will be assumed by the County of San Francisco on July 1, 1946.

The County of Sacramento will discontinue Aid to Needy Children on June 30, 1946.

If you have any questions, we suggest that you get in touch with the County Welfare Department in the county where you are now living.

FORM CA 218 (revised)—August, 1945

(Section continued on next page)

FORM CA 215 (revised)—August, 1940

(Formerly CA 47)

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

NOTIFICATION OF TRANSFER

AID TO NEEDY CHILDREN

Notification of Transfer

Date March 20, 1942(A) To San Francisco FROM Sacramento
County of second residence County of first residence

This is to notify you that a change in residence has taken place for

Sarah Smith et al. Sac 404 CA who have been receiving
Name of children State number
Aid to Needy Children in the amount of \$ 75.00 per month paid through Sacramento
Total County of first residence

(Fill in applicable statement, either or both)

1. Mary Smith mother
Person determining residence of children Relationship
moved from County of Sacramento to County of San Francisco
on Jan. 10 1942, and is living at 2244 Green St., San Francisco
Address in second county
2. Children moved from County of _____ to County of _____
on _____ 19____, and are being cared for by _____
Relationship to children
living at _____
Address in second county

[SIGNATURE OF COUNTY WORKER]
FIRST COUNTYHelen HughesDate April 3, 1942(B) To Sacramento FROM San Francisco
County of first residence County of second residence

This is to certify that according to investigation we have been able to make to date, it was found that county
residence for Sarah Smith et al. State No. Sac 404 CA was established
Name of children
in San Francisco on Jan. 10, 1942 (Affidavit Form CA 216 attached);
County of second residence Date residence established second county
that need has continued and it is recommended that Aid to Needy Children continue in the amount of \$ 75.00
Total

The date for beginning payment of Aid to Needy Children by San Francisco
County of second residence
will be Feb. 1, 1943 if the children are otherwise eligible.
First day of the first month subsequent to completion of one year of residence unless a residence of one year is
completed on the first day of the month in which case payment will begin on that date

[SIGNATURE OF COUNTY WORKER]
SECOND COUNTYDorothy DawningDate April 15, 1942(C) To San Francisco FROM Sacramento
County of second residence County of first residence

This is to notify you that Aid to Needy Children will continue in the amount of \$ 75.00
Total
to Sarah Smith et al. 2244 Green St., San Francisco
Name of children
The date for discontinuance of Aid to Needy Children in first county will be 1-31-43
Last day of the month in which one year of residence
will have been completed
if they continue to be eligible.

[SIGNATURE OF COUNTY WORKER]
FIRST COUNTYHelen Hughes

DIRECTIONS FOR HANDLING NOTIFICATIONS OF TRANSFER

First county fills in Section A on 5 copies of Form CA 215, retaining 1 copy and sending 4 to the second county. Second county fills in
Section B, retaining 1 copy and returning 3 to the first county. First county fills in Section C, retaining 1 copy, sending 1 copy to the State
Department of Social Welfare, and returning 1 to the second county, with certified copies of original application and supporting documents.

FORM CA 215

FORM CA 216 (revised)—December, 1940

(Formerly CA 49)

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

Affidavit of County Residence

Sacramento 3-323 Sac 404 CA
County County No. State No.
Smith et al.
Name of Children

AFFIDAVIT OF COUNTY RESIDENCE

AID TO NEEDY CHILDREN

For use in connection with a transfer of aid as provided under section 1527 of the Aid to Needy Children Law
(To be filled in by person determining residence, or if residence is established under section 1526(e),
by person responsible for the care of the child.)

THIS IS TO CERTIFY That I, Mary Smith Name
residing at 2244 Green St. am the mother of Sarah et al.
Relationship to Children Name of Children
I have resided in the County of San Francisco since Jan. 10, 1942
and intend to continue residing in said county.

Sarah et al., are being cared for by Mary Smith Name
Name of Children
mother and have been physically present in the County of San Francisco
Relationship to Children
since Jan. 10, 1942

The change in the county residence of the children has been due to my employment

NOTE.—When recipient cannot sign his
name the signature of two wit-
nesses to his mark must appear.

Mary Smith
SIGNATURE OR MARK OF AFFIANT

WITNESS TO MARK

Subscribed and sworn to before me this 16 day
March, A. D. 1942

WITNESS TO MARK

Wainwright Phillips Deputy Co. Clerk
SIGNATURE OF COUNTY CLERK OR PERSON
QUALIFIED TO ACKNOWLEDGE AN AFFIDAVIT

Section 4295, Political Code, as amended by 1937 Legislature provides, in part:

(5) "Whenever the oath of an affiant or the affidavit is necessary in order that a person may obtain charity or relief
from any agency or department of the United States Government, the State of California, or any political subdivision thereof,
no fee shall be charged for the taking of such oath."

FORM CA 216

370-99

370-99 (Continued)

370-99

CONTINUING SERVICES

Public Assistance Program

MAIN OFFICE
SACRAMENTO
616 K STREET
(14)

Earl Warren
Governor

SOCIAL WELFARE BOARD

BEN KOENIG, CHAIRMAN
1680 NORTH VINE STREET
LOS ANGELES

MRS. BERNICE H. CHIPMAN
1100 UNION STREET
SAN FRANCISCO

JOHN C. CUNEO
922 J STREET
MODESTO

GERALD C. KEPPLER
135 NORTH BRIGHT AVENUE
WHITTIER

REV. THOMAS H. MARKHAM
409 NATIVE SONS' BUILDING
SACRAMENTO

JOHN T. MARTIN
1170 SEVENTH AVENUE
SAN DIEGO

MRS. JESSIE S. WILLIAMSON
2816 OAK KNOLL TERRACE
BERKELEY

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG

DIRECTOR

Sacramento 14
May 2, 1946

LOS ANGELES OFFICE
WASHINGTON BUILDING
311 SOUTH SPRING STREET
(13)

SAN FRANCISCO OFFICE
DAVID HEWES BUILDING
995 MARKET STREET
(3)

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

IN REPLY PLEASE REFER
TO:

My dear Mr. Jordan:

Attached are three copies of the following regulations
made by the State Department of Social Welfare.

MANUAL LETTER NO. 93

These are emergency regulations effective immediately.

These regulations are filed in accordance with Section 11381
of the Government Code, Chapter 1334, Statutes of 1945.

Very sincerely yours,

Charles M. Wollenberg
CHARLES M. WOLLENBERG, Director
Department of Social Welfare

63:b5
Attachments

certified as a Regulation (or as
Regulations of the

State Dept of Social Welfare
(Name of State Agency)

W. J. McElhenny
(Signature)

Director
(Title)

5/2/46
(Date)

MAIN OFFICE
SACRAMENTO
616 K STREET

EARL WARREN
GOVERNOR

STATE OF CALIFORNIA

LOS ANGELES OFFICE
WASHINGTON BUILDING
311 SOUTH SPRING STREET

DEPARTMENT OF SOCIAL WELFARE

SAN FRANCISCO OFFICE
DAVID HEWES BUILDING
995 MARKET STREET

CHARLES M. WOLLENBERG
DIRECTOR
Sacramento
May 3, 1946

1297

MANUAL LETTER NO. 93

The attached Manual revisions are to be entered in your copy of the Manual of Policies and Procedures and the revision numbers cancelled on the separators for the revised chapters. Revision numbers are listed for the chapters as follows:

Age	Rev. 12 thru 17
Amount of Grant	Rev. 35 thru 43
Investigation and Decision	Rev. 123 thru 125
Continuing Services	Rev. 131
Financial Procedures	Rev. 191 thru 194

These revisions were approved by the Social Welfare Board on April 25, 1946.

Sections relating to age are revised and include two important changes:

- 1) Sec. 107-00 removes the requirement that age evidence be at least two years old, except that in OAS the code provides that census records or voters registrations used to establish age must have been in existence for at least five years.
- 2) Sec. 106-15 now permits an affidavit to be used in ANC to establish initial eligibility for a child obviously under 18 while efforts are continuing to secure preferred evidence.

Sec. 158-10, Determination of Need and the Amount of Grant for Children in Family Groups, contains some new policy statements and some parts are deleted or rearranged to conform with Sec. 107-00 as issued March 1946.

- 1) Item IC 2e makes provision for budgeting cost of a telephone as in OAS (Sec. 155-50).

- 2) Item IE 4 modifies medical care policy in accordance with department policy on "availability".
- 3) Item IIB provides for making grants in whole dollars, a policy which has been in practice but has not appeared in the Manual.
- 4) The former section, Family Budget Unit, is deleted and a re-stated definition appears in IB.

Please note that Form Gen M48, Budget Work Sheet, has not been changed and should remain in the Manual as the last part of Sec. 158-10.

Sec. 250-10 includes provision in ANB for notification of a right to a hearing before the board of supervisors and clarifies the use of Form CA 239, Notification of Action by the Board of Supervisors, in reference to children cared for in boarding homes and institutions.

Sec. 361-30, Suspension Procedure, provides that an initial warrant may be suspended and that suspension action is not necessary if a warrant which has been withheld beyond the month for which it was issued is released before the first meeting of the board of supervisors in the following month.

All material in Bulletins 260, 261, 262, 263 and 264 has been incorporated in Manual sections and therefore these bulletins are no longer current.

105-20 LIMITATIONS ON AGE
OAS, ANB, APSB, ANC

105-20

The age of the applicant is a factor in determining his eligibility in all aids.

An applicant for OAS is not eligible for aid until he has completed his 64th year and reached his 65th birthday. Aid may not be granted prior to the day and month as well as the year when the age of 65 is reached. (W&IC 2140, 2160)

In ANB and APSB, aid may not be granted until the applicant has completed his 15th year and reached his 16th birthday. Aid may not be granted prior to the day and month as well as the year when the age of 16 has been attained. (W&IC 3040, 3041, 3075, 3430, 3431, 3460)

In ANC, a child is eligible until the end of the month in which his 18th birthday occurs except when his birthday falls on the first day of the month. In this instance, aid is only payable through the day preceding the 18th birthday. (W&IC 1522, 1552, 1560)

106-00 PROOF OF AGE REQUIRED IN OAS
OAS

106-00

The fact that the applicant has attained the age of 65 must be established in OAS. It is not necessary to establish his exact age. If the exact birth date can not be determined but the year of birth is verified, age 65 is not conclusively established until the 31st day of December of that year. (W&IC 2140, 2160)

106-05 PROOF OF AGE REQUIRED IN ANB AND APSB
ANB, APSB

106-05

If an applicant for ANB or APSB is 21 years of age or over, the applicant's sworn statement as it appears on the application is considered sufficient evidence of age.

If the applicant states he is less than 21 years of age, verification must be obtained that he is over 16 years of age. (W&IC 3040, 3041, 3075, 3430, 3431, 3460.)

106-15 PROOF OF AGE REQUIRED IN ANC
ANC

106-15

The age of the child for whom application is being made must be verified in ANC. In order that aid may not be delayed for children who are obviously under 18 years of age, an affidavit may be secured from the mother, relatives or person in loco parentis as provided in Sec. 109-30, Affidavit of Individual as Age Evidence. (W&IC 1522, 1560)

105-00 PROVISIONS, W.& I. CODE REGARDING AGE

105-00

OLD AGE SECURITY	AID TO NEEDY BLIND AID TO PARTIALLY SELF-SUP- PORTING BLIND RESIDENTS	AID TO NEEDY CHILDREN
<p>AID SHALL BE GRANTED TO ANY PERSON WHO HAS ATTAINED THE AGE OF 65 YEARS PROVIDED HE MEETS ALL THE OTHER ELIGIBILITY REQUIREMENTS OF THE OAS LAW. (W&IC 2160)</p> <p>ANY OF THE FOLLOWING DOCUMENTS SHALL BE SUFFICIENT PROOF OF THE AGE OF AN APPLICANT:</p> <ul style="list-style-type: none"> A. CERTIFICATE OF BIRTH; B. CERTIFICATE OF BAPTISM; C. STATEMENT OF AGE AS RECORDED ON MARRIAGE LICENSE OR CERTIFICATE; D. STATEMENT OF AGE OF THE APPLICANT AS SHOWN BY THE RECORD OF REGISTRATION OF VOTERS IN ANY POLITICAL SUBDIVISION OF THIS STATE, AT LEAST FIVE YEARS PRIOR TO THE DATE OF SUCH APPLICATIONS; E. ENTRIES IN A FAMILY BIBLE OR OTHER GENEALOGICAL RECORD OR MEMORANDUM OF THE FAMILY OF SUCH APPLICANT; F. THE RETURNS OF THE UNITED STATES CENSUS TAKEN AT LEAST FIVE YEARS PRIOR TO THE DATE OF SUCH APPLICATION; G. THE AFFIDAVIT OF A REPUTABLE PERSON IF IT IS BASED UPON HIS PERSONAL KNOWLEDGE OF FACTS WHICH WOULD DETERMINE THE PROBABLE AGE OF THE APPLICANT AND IS NOT MERELY A STATEMENT OF BELIEF BASED ON APPLICANT'S PERSONAL APPEARANCE; SUCH AFFIDAVIT SHALL CONTAIN STATEMENTS OF THE CIRCUMSTANCES UPON WHICH SAID AFFIANT'S KNOWLEDGE IS BASED; H. SUCH OTHER EVIDENCE AS THE SDSW MAY APPROVE. (W&IC 2162) <p>APPLICATION FOR AID MAY BE MADE WITHIN 60 DAYS PRIOR TO THE DATE ON WHICH THE APPLICANT WILL ATTAIN THE AGE OF 65 YEARS. THE APPLICATION SHALL BE PROMPTLY INVESTIGATED AND ACTED UPON. IN NO EVENT SHALL THE AID BE COMMENCED AS OF A DATE PRIOR TO THE DATE ON WHICH THE APPLICANT ATTAINS THE AGE OF 65 YEARS. (W&IC 2180.1)</p> 	<p>A PERSON IS ENTITLED TO RECEIVE ANB OR APSB IF HE IS 16 YEARS OF AGE OR OVER PROVIDED HE MEETS ALL THE OTHER ELIGIBILITY REQUIREMENTS OF THE ANB OR APSB LAWS. (W&IC 3040, 3041, 3430, 3431)</p>	<p>NO CHILD OVER THE AGE OF 18 YEARS IS CONSIDERED A NEEDY CHILD WITHIN THE PROVISIONS OF THE ANC LAW. (SEE SEC. 105-20, LIMITATIONS ON AGE) (W&IC 1522, 1552.3)</p>

107-10 CONFLICTING EVIDENCE OF AGE
OAS; ANB; APSB; ANC

107-10

A record of the age, or birth date, of an individual is usually made at different periods in his life and for varying purposes. In general, no one record, with the possible exception of a birth certificate recorded approximately at the time of the applicant's birth, conclusively establishes beyond doubt an individual's exact age.

The county must reconcile any conflicts which appear in various pieces of evidence offered to establish age. In cases of conflicting evidence, a preponderance of evidence is accepted.

The decision as to age eligibility is not based alone upon the number of pieces of evidence which support or refute the applicant's contention that he has reached the required age. Rather, the relative merit of the various pieces of evidence must be considered in order to determine which evidence has greater validity. A single document such as a baptismal certificate may outweigh several other pieces of evidence. On the other hand, two or three items which corroborate each other may be more conclusive than a single piece of evidence of intrinsically greater validity which is not supported by any other data. Often it is necessary to secure additional evidence and to evaluate this in the light of evidence already available.

In general, when conflicting evidence is presented, the older evidence is preferred, as there is less likelihood that age was misstated in order to qualify for aid. Greater weight is, in general, given to documentary evidence of an official or semi-official character than to evidence from personal records.

When there is conflict between the applicant's sworn statement and competent evidence, decision must rest upon the facts as established by the evidence.
(W&IC 1560, 2140, 3075, 3460)

107-00 AGE OF ACCEPTABLE AGE EVIDENCE

107-00

OAS, ANB, APSB, ANC

The OAS law requires that the following types of age evidence must be at least five years old:

- (a) Statement of age in voter's registration records.
- (b) Statement of age in census records.

Except for these provisions in OAS there is no requirement in OAS, ANB, APSB or ANC that age evidence be of a certain age. (SEE SECS. 109-30, AFFIDAVIT OF INDIVIDUAL AS AGE EVIDENCE, FOR USE OF AFFIDAVIT IN ANC, AND 230-45, EVALUATION OF EVIDENCE.) (W&IC 1560, 2140, 2162, 3075, 3460)

107-05 TRANSLATIONS OF EVIDENCE

107-05

OAS; ANB; APSB; ANC

The accuracy of translations of documents in a foreign language must be evaluated. It should be ascertained that the translation was made by a qualified and responsible person and that it otherwise bears evidence of authenticity. The name of the translator should be included in the case record. (W&IC 1560, 2140, 3075, 3460)

107-30 SOURCES OF AGE EVIDENCE

107-30

OAS; ANB; APSB; ANC

Birth records are usually available for applicants in ANB or APSB under the age of 21 and for children in ANC for whom application is being made.

In OAS, it is often impossible to secure birth records, as such registration is relatively recent in many states. Other sources for proving age are therefore frequently utilized.

There are many sources of age evidence. The sources discussed in the following sections have proved valuable but their use does not remove the need for resourcefulness and careful judgment on the part of the county.

The most accurate record, not the most easily available one, should be used in establishing age. Documentary evidence from a public or official record may be more accurate than evidence from personal records. Due consideration should be given to the age of the evidence in evaluating data.

Voter's registration and census records must be five years old according to the provisions of the law. (SEE SEC. 107-00, AGE OF ACCEPTABLE AGE EVIDENCE.)

A personal affidavit is used when reasonable effort to secure documentary evidence has been unproductive. When a personal affidavit is accepted, the county record must show that all reasonable clues pointing to the existence of documentary evidence have been followed. The personal affidavit must contain an adequate statement of the facts upon which the affiant's knowledge of the applicant's age is based. (W&IC 1560, 2140, 3075, 3460)

107-40 BIRTH CERTIFICATE AS AGE EVIDENCE

107-40

OAS; ANB; APSB; ANC

The possibilities of verifying age from birth certificates are necessarily limited for applicants for OAS as adequate registration of births is of recent origin in the United States. For a large proportion of the persons now 65 years of age, or over, there are no official birth certificates. (SEE SEC. 107-51 FOR USE OF DELAYED OR CORRECTED BIRTH CERTIFICATES.)

Some states have recorded births and issued birth certificates on the basis of the person's own affidavit as to his birth date. If the birth certificate bears the official stamp and is beyond question an authentic document from some state or county, the birth record must necessarily be accepted unless there is reason to believe that fraud has been perpetrated on the part of the applicant or any other person.

In most states, an affidavit from the physician or midwife, the mother, or someone who was present at the time of the birth, other than the person concerned, may be used in securing an official birth certificate.

Careful check should be made to be sure that the name which appears on the birth certificate or other document used to prove age is the same as that on the application, or, in the case of a married woman applicant, is the same as her maiden name. If the birth certificate does not give the first name

(Section Continued on Next Page)

107-20 YEAR ONLY GIVEN IN EVIDENCE
OAS; ANB; APSB; ANC

107-20

If the year of birth is established, but the exact birth date can not be determined, the age of 65 in OAS, and 16 years in ANB and APSB is not conclusively proven until the thirty-first day of December of that year. In ANC, the birth date is assumed to be the first day of the year.

The different methods of computing age are necessitated by differences in the programs. Age 65 in OAS and age 16 in ANB must be attained before aid is granted. In ANC, aid must be discontinued when age 18 is reached. Thus in OAS, ANB and APSB, the minimum age is assumed to have been reached on the last day of the year; whereas, in ANC, it is assumed that age of 18 was reached on the first day of the year.

Some documents establish that a certain age had been reached when the document was issued.

EXAMPLE A: A MARRIAGE CERTIFICATE SHOWS THAT AN APPLICANT FOR OAS WAS 24 YEARS OLD WHEN HE MARRIED ON SEPTEMBER 10, 1899. IT MAY BE ASSUMED THAT HE HAD ATTAINED THE AGE OF 65 ON SEPTEMBER 10, 1940.

EXAMPLE B: AN INSURANCE POLICY DATED SEPTEMBER 10, 1894, STATED THE APPLICANT WOULD BE 21 ON HIS NEXT BIRTHDAY. IT IS ASSUMED HE WAS 20 WHEN THE POLICY WAS ISSUED. THE INSURANCE POLICY ESTABLISHED THAT THE AGE OF 65 WAS ATTAINED ON SEPTEMBER 10, 1939.

EXAMPLE C: ON AUGUST 1, 1940, AN APPLICANT FOR ANC PRESENTED EVIDENCE SHOWING THE CHILD WAS BORN IN DECEMBER, 1934; THIS WOULD ESTABLISH THE BIRTH DATE AS DECEMBER 1, 1934. WHERE THE MONTH OF BIRTH IS UNKNOWN, JANUARY 1ST OF THE YEAR OF BIRTH IS CONSIDERED THE BIRTH DATE.

In ANB and APSB, verification of age is necessary only when the applicant is less than 21 years of age. (W&IC 1560, 2140, 3075, 3460)

107-65 (Continued)

107-65

The first United States census was taken in 1790 and has been repeated at ten-year intervals since that date. Records from 1790 to 1870 are open to the public. Records from 1900 on are confidential and are available only to the individuals concerned, their legally appointed guardians, or to agencies or persons authorized by the individuals concerned to secure the information from the Census Bureau. The records vary in form and adequacy. All of the schedules, except that of 1900, are arranged by the year, the State, the geographical subdivision, and the exact address. They are not arranged alphabetically. Therefore, in order to secure evidence of age from the census of any year, except 1900, it is necessary to have the exact address of the applicant at the date the census was taken.

The Censuses of 1880, 1900 and 1920 are indexed by states. Complete information from these three censuses should be given special attention in filling out the application. Other files which are most nearly complete and adequate are those of 1870 and 1910, in the order given. The schedules for the year 1890 were damaged by fire and are not available for use.

Records which show the names and the ages of all members of the family are:

June 1, 1850	June 1, 1880	January 1, 1920
June 1, 1860	June 1, 1900	April 1, 1930
June 1, 1870	April 15, 1910	

A search will be made of the 1900 schedule whenever possible as the information will be most readily available for that year. Data for other census dates should be included, however, as certain facts may have to be corroborated.
(W&IC 2140, 2162)

(Section Continued on Next Page)

107-65 U. S. CENSUS RECORDS AS AGE EVIDENCE
OAS

107-65

The OAS law provides that census records used to establish age must have been taken at least five years prior to the date of application.

Statements of individuals are the basis of census records. These are not made under oath and frequently are made by other than the person enumerated. When the information in the census record appears to have been given by the applicant, or by his parent, and the record establishes that the age of 65 has not been reached, this information can be refuted only by evidence to the contrary. If it is clear from the census that the age information was given by other than the applicant or his parent, a reasonable explanation for the variance may be accepted. The county should give greatest weight to the evidence that appears to be most accurate. Corresponding evaluation and judgment is necessary if the preponderance of evidence indicates a younger age, whereas the census record establishes that the age of 65 has been reached.

A census report should be requested only when other satisfactory evidence is not available, and then only on the form recommended by the U. S. Bureau of Census. The form should be completed by the applicant or by someone who will exercise great care in securing accurate information from him and must bear the signature of the applicant. In filling out the form on which requests for information are made, it is important to give the exact address, including number, street name or names of cross streets between which house was located, precinct, post office, township, town, city, county, or other local subdivision, and all spellings of the name or names involved. If living with parents at the time the census was taken, the names of the parents should be shown, and if living with other than parents, the head of the household should be shown.

A fee of \$1.00 shall accompany each request for a search of the census records. Requests for a search are handled in the order that the requests are received and there will be a delay of several weeks. An immediate search is made if the request is accompanied by a fee of \$3.00 which covers the cost of a special search. The fee for a search of the census records is a proper administrative expense, subject to Federal matching, to be borne by the county. A money order drawn on Washington, D. C., and made payable to the Treasurer of the U. S. shall be sent to the Census Bureau with the request. These fees cannot be refunded if the information is not located.

(Section Continued on Next Page)

107-70 MARRIAGE RECORDS AS AGE EVIDENCE
OAS**107-70**

Information as to age on the original marriage license or certificate, a certified copy of same, or a statement of information contained in official records on the letterhead of the proper official and signed by him may be accepted. While the age evidence contained in such records may be accurate, there is a possibility that the age may have been understated, or, in the case of very young people, overstated.

If the record states that the applicant was "of age" at the time of marriage, and the applicant is a man, it is assumed that he had reached the age of twenty-one years, while if the applicant is a woman it is assumed that she had reached the age of eighteen years. However, the legal requirements as to majority at the time and place of the marriage should be considered. If age is recorded as "over 21", it is assumed that the age of twenty-one had been reached on the day of marriage. (SEE SEC. 109-05, NEWSPAPER RECORDS AS AGE EVIDENCE.)

Some marriage records neither give the age of the participants nor state that they were "of age," or over a certain age when the marriage took place. The possibilities of the marriage of children under the minimum age can not be ruled out entirely, but in the absence of information or circumstances which raise doubt regarding the minimum age at the time of marriage it may be assumed that the wife had reached her twelfth birthday and the husband his fourteenth birthday by the day of the marriage. (W&IC 2140, 2162)

107-75 SCHOOL RECORDS AS AGE EVIDENCE
OAS, ANB, APSB, ANC**107-75**

A statement of age as shown in a school record is acceptable evidence when the statement is made on the school's forms or letterhead, is signed by the proper school authority, and includes the name of the person for whom aid is requested, his age, and the date age was recorded. (W&IC 1560, 2140, 3075, 3460)

Bureau of the Census Applicant for a search of Census records must fill
Department of Commerce in this form as completely as possible. Also it
Washington, D. C. must be SIGNED IN PERSON by the applicant.

C O P Y

Date _____

Gentlemen: You are hereby authorized to furnish the information on census
records concerning me to:

DO NOT USE THIS SPACE

-	80	00	10	20	30	40
Not Fd.						
Ins. Inf.						
No.						

107-65 (Continued)

PUBLIC ASSISTANCE PROGRAM

Name in full of applicant (print or type) _____ Race _____

Maiden name _____ Date of Birth _____ Place _____
(If a woman)

Full name of father _____ Mother _____

Name of husband or wife (1) _____ (2) _____

GIVE EXACT PLACE OF RESIDENCE AT EACH DATE LISTED BELOW:

CENSUS DATE	<u>Number and Street</u> (Very important)	City, town, township (precinct, beat, etc.)	County and State	With whom living (Name, head of household)
June 1, 1880--				
June 1, 1900--				
Apr. 15, 1910--				
Jan. 1, 1920--				
Apr. 1, 1930--				
Apr. 1, 1940--				

SCHEDULE OF FEES

A money order for \$1.00 payable to
the Treasurer of the United States
must be sent with this application.
This fee provides for routine hand-
ling of the requested search. If
special handling is desired a money
order for \$3.00 must be sent instead
of \$1.00. This provides for prompt
attention to the search out of the
regular order of receipt.

Reason for requesting this information

I certify that I have been unable to get this information from State
or local records.

Signature of applicant _____

Present address (number and street) _____

City _____ County _____ State _____

Note: The 1890 schedules were destroyed by fire.

AGE

107-65

107-65

109-30 AFFIDAVIT OF INDIVIDUAL AS AGE EVIDENCE
OAS, ANB, APSB, ANC

109-30

Age may be established by means of a personal affidavit in OAS and ANC and when establishment of age is necessary in ANB or APSB (SEE SEC. 106-05, PROOF OF AGE REQUIRED IN ANB AND APSB). Such affidavit must be made by a reputable person and must be based upon his personal knowledge of facts which would determine the probable age of the applicant. In ANC, the affiant must have knowledge enabling him to determine the exact birth date of the child. The affidavit itself must contain a statement of the circumstances upon which the affiant's knowledge is based. An affidavit setting forth the age of an applicant which is based only upon his personal appearance is not satisfactory in OAS.

Extreme caution and careful judgement must be exercised in evaluating the specific facts contained in the affidavit purporting to establish age. Affidavits signed by sisters or brothers should include a comparison of respective ages or other facts from which age is determined. The mere fact that the affiant is a brother or sister is not in itself adequate. (SEE SEC. 107-30, SOURCES OF AGE EVIDENCE).

In ANC, affidavits of the following types are accepted as proof of age:

1. Affidavit of the physician or midwife who attended at the birth, showing birth date and birth place of child and names of parents.
2. Affidavit of a reliable person, other than the applicant, having personal knowledge of the birth date and birth place of child and names of parents.
3. Affidavit taken from the earliest possible school record.
4. When a child is obviously under 18 years of age and when attempts to secure documentary birth evidence would delay approval of the application, it is acceptable to obtain from the mother, relatives or person in loco parentis an affidavit showing child's name (or name under which child was registered or may be otherwise known), date and place of birth, and names of both parents. This affidavit is preliminary evidence to establish initial eligibility and shall be followed up by attempts to obtain preferred evidence.
5. Affidavit of a mother or relative as final evidence of exact age is not acceptable except as a last resort and the county record must show efforts of the county to obtain preferred evidence.

An affidavit of the finder of a foundling child for whom application for ANC is filed should be submitted if possible. The approximate age only can be given. An affidavit from a physician as to the approximate age of the foundling may be submitted. (W&IC 1560, 2140, 3075, 3460).

109-25 (Continued)

109-25

than they were. Inasmuch as no records of birth were kept by the older Indians, the attorneys in charge made it a practice to inform themselves of well known events in the various communities and to determine probable age by various individual recollections on these points. Despite its inaccuracies, this enrollment is the most valuable source of Indian age records in California.

Records of all Indians included in the enrollment in California are on file in the office of the Superintendent of the Sacramento Indian Agency, Federal Building, Sacramento, California. It may be used if better evidence is not available.

The Superintendent of the Hoopa Valley Agency has census records as of 1898 and 1904 which are available for areas covered by this agency.

Most large reservations outside of California possess tribal rolls of long standing and regular, careful entry. Evidence from such records is accurate within reasonable limitations.

Additional information may be found in the allotment records which often show age. In petitioning for an allotment, generally before 1910, the Indian gave his age (probably an approximate age as the information was incidental to the purpose of the petition). Allotment records are filed in each of the Indian agencies in California.

The Indian Agencies in California follow: Hoopa Valley Agency: Eureka, California. This includes the following counties: Del Norte, Humboldt, Siskiyou, and Trinity.

Sacramento Agency: Sacramento, California. This includes 44 counties extending from Modoc in the North to Santa Barbara in the South. These counties are: Alameda, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Kern, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Solano, Sonoma, Stanislaus, Sutter, Tehama, Tulare, Tuolumne, Yolo, and Yuba.

Carson Nevada Agency: Stewart, Nevada. This includes the following California counties: Alpine, Mono, Inyo.

Mission Agency: Riverside, California. This includes the following counties: Imperial, Los Angeles, Orange, Riverside, Santa Barbara, San Bernardino, San Diego, and Ventura, except that a small portion of the eastern end of San Bernardino and Imperial counties is not under the Mission Agency, but under the Colorado River Agency. (W&IC 1560, 2140, 3075, 3460).

158-10 (I-C Continued)

Page 2 of 158-10

d. For the unemancipated employed minor, allowances for (1) meals away from home; (2) dental and medical care unless available without cost; (3) transportation; (4) clothing, and incidental expenses in addition to the amounts given in the basic budget schedule; (5) carrying out an educational or other plan which has the approval of the county worker; unless the county follows the method of deducting these items from minor's earnings in determining the net income to the family budget unit from this source. (SEE E 8, METHOD 2 IN THIS SECTION.)

e. Telephone

The cost of a telephone shall be allowed routinely when the family has one or the budget schedule shall include an allowance for telephone expense. When the use of pay telephones is necessary for the family's welfare, the cost of such telephone service may be included as a special need.

f. Other special needs indicated in the individual case. (SEE D OF THIS SECTION.)

D. Relating Monthly Requirements to the Budget Schedule

The requirements of the family budget unit shall be estimated on a monthly basis.

In computing the budget for the family budget unit the county worker shall:

Explain to the applicant/recipient the composition of the budget schedule, its limitations and reason for such limitations.

Record the initial discussion and all subsequent discussions of the family's circumstances, including a statement of any special needs, how they were determined, and whether they will be included in the budget or met in some other way, or cannot be met under the plan.

E. Budgeting Rules and Policies

1. Insurance

Premiums, if paid on insurance policies carried on the parent and/or a child or children under the age of 18 years, not in excess of a total of \$4 a month, shall be included in the budget for the family unit.

Exception: If premiums are in excess of \$4.00 and a downward adjustment of the policy and premium is pending, the excess amount may be included in the budget pending such adjustment.

(Section Continued on Next Page)

158-10 DETERMINATION OF NEED AND THE AMOUNT OF GRANT FOR
CHILDREN IN FAMILY GROUPS
ANC

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I. RULINGS AND REGULATIONS GOVERNING FAMILY BUDGET CASES

A. Standard of Adequacy

Counties shall use as a standard of economic adequacy for basic recurring needs, the current quantity cost ANC budget schedule, or a comparable adequate schedule which is commensurate with current prices and which has the approval of the SDSW.

B. Family Budget Unit - Definition

All individuals living in the home have an economic relationship to the family budget unit which is taken into consideration in arriving at the amount of the grant.

The family budget unit comprises all persons in the home whose needs are determined on the basis of the ANC budget standard. (SEE SEC. 158-07, INDIVIDUALS TO WHOM MANDATORY STANDARDS OF CARE ARE APPLICABLE.)

C. Total Requirements

Within the limitations of the law and controlling rulings, total requirements of the family budget unit and its individual members shall be taken into consideration in computing the budget for the family budget unit and need not be confined to the immediate requirements of the family but may include long-time needs for which the family has developed a plan.

Total requirements shall include:

1. Basic recurring needs as priced in the quantity cost schedule, food, clothing, and personal needs of each person in the family budget unit, and family allowances for housing, utilities, household operation, education and incidentals.
2. Requirements in addition to usual recurring needs, when indicated in the individual case, that is:
 - a. Special diets on recommendation of a physician, clinic, or public health department.
 - b. Unusual repairs or replacements, or equipment. For instance, lumber for extensive repairs not included in normal items of upkeep; payment on needed furniture.
 - c. Salary of housekeeper or caretaker, when necessary and desirable for the best interests of the child, and an additional amount for food when the housekeeper lives with the family.

(Section Continued on Next Page)

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b. Clothing

Items in the clothing budget schedule, as determined by current pricing, shall be used in determining minimum allowances for clothing. A reasonable evaluation may be made for free clothing.

c. Personal Needs

Personal needs shall be included in accordance with the current schedule.

d. Recreation

As a guide, monthly allowances for recreation may be allowed as follows:

Grade school children	\$.50
Junior High school children	\$.75
Senior High school children	\$ 1.00
Adults	\$ 2.00

e. HousingRental

The budget summary shows the county standards for rent, based on size of family, and serves as a guide in average cases. If, however, the rent actually paid exceeds the maximum rental standard and, for valid reasons the family continues to live in this house, the larger rental may be allowed.

Unencumbered homes

Minimum monthly allowances on the unencumbered homes shall include:

Average taxes, as paid
Average fire insurance, as paid
Upkeep and minor repairs, based on the assessed valuation as follows:

<u>Assessed Valuation</u>	<u>Minimum Allowances per Month</u>
\$1000 and under	\$2.00
\$1000 - \$2000	\$2.50
\$2000 - \$3000	\$3.00

Major repairs should be shown in the budget as a special item.

(Section Continued on Next Page)

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If the premiums are in excess of \$4.00 on policies carried by permanently incapacitated or tuberculous parents, or on a parent committed to an institution, the excess amount may be included in the budget until or unless adjustment is made by the insurance company, or payment of premiums, in part or in full, is assumed by an agency or a person other than the parent.

2. Debts

When obligations incurred by family before applying for ANC, represent current requirements or involve continuity of home maintenance, payments on such debts may be included in the budget. When obligations incurred before applying for ANC have no relationship to the current needs, payments on such debts shall not be included in the budget.

3. Tuition

In general, school tuition shall not be included in the budget. However, where free schooling is not available, or does not include supervision which may be required in a particular case, or where a minor has special educational needs and his plan for specialized training requires tuition, the item of tuition may be included in the budget.

4. Medical and Dental Care

Medical and dental care including appliances and dentures may be allowed in the budget.

5. Budgetary Items Appearing on Form Gen M45, The Budget Summary, or approved substitute. (The Budget Summary is a budget schedule separately computed for and supplied to each county by the SDSW.)

a. Food

Items in the food budget schedule, as determined by current prices, shall be used in determining minimum food allowances for each member of the family budget unit.

Special diets, on the recommendation of a physician or public health clinic, shall be included in the budget.

Households of two persons only should be allowed an additional 10% for food.

A reasonable evaluation may be made for home-grown food.

(Section Continued on Next Page)

7. Income From Earnings of Parent Living in the Home

If the father or mother of the children for whom aid is being granted, is working out of the home, the earnings of the parent (except small intermittent earnings) less involuntary deductions made by the employer or the U. S. Government, shall be considered income to the family budget unit.

8. Income from Earnings of Unemancipated Minor

There are two alternate general methods for determining income to the family budget unit from earnings of the unemancipated minor (for determination of emancipation, see Sec. 171-40): (1) to consider gross earnings, less involuntary deductions made by the employer or the U. S. Government, as income and to budget the minor for his total needs, or (2) to consider net earnings as income and to budget the minor for food, clothing, and personal needs, in accord with the basic budget schedule. Net earnings in this second method are gross earnings less involuntary deductions, and expenses incidental to employment, plus other special needs. Specific requirements under the two methods are:

Under Method 1.

Income from earnings (except small intermittent earnings) is the gross earnings less involuntary deductions made by the employer or the U. S. Government, and

Minor is budgeted for food, clothing, and personal incidentals (in accord with the basic budget schedule) plus expenses which are incidental to employment, including, when indicated in the individual case, allowances for (1) meals away from home; (2) dental and medical care; (3) transportation; (4) clothing, and incidentals in addition to items shown in the basic budget schedule; and (5) estimated expenses for an approved educational or other plan, or special need, or (minor is budgeted in accord with a comparable budgetary schedule for basic and special allowances which has the approval of the SDSW).

OR

Under Method 2.

Income from minor's earnings, except small intermittent earnings, is his net earnings, and minor is budgeted for food, clothing, and personal needs in accord with the basic budget schedule, or (in accord with an approved substitute schedule).

(Section Continued on Next Page)

Encumbered homes

Property payments on the encumbered home include:

Interest, principal, average taxes, and insurance which are allowed as paid and should approximate the equivalent of the rental standard for a family of the same size. Allowance is made for upkeep and minor repairs based on assessed valuation as shown in the previous paragraph.

f. Utilities

Utilities may be either the amount set as average in the budget summary or actual amounts paid.

g. Household Operation

Allowances for household operation as given on the budget summary shall be included, except that consideration may be given to surplus linens or other articles listed under this heading for which the family has no expense. Household operation does not cover major replacements of furniture but only small allowance for replacement of light globes, china, household linens and necessary articles of cleaning. Major replacements of furniture should be shown in the budget as a special item.

h. Education and Incidentals

The amounts as shown on the current schedule shall be used.

i. Transportation

Transportation, that is, necessary bus fare, carfare at local rates, or estimated cost of upkeep on automobile when needed for transportation, shall be included in the budget.

j. Insurance

See I - E - 1 in this Section.

6. Small Intermittent Earnings

Small intermittent earnings of parents or minors shall not be considered income in computing the budget for the family budget unit. (SEE SEC. 151-40, DEFINITION OF SMALL INTERMITTENT INCOME IN ANC).

(Section Continued on Next Page)

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10. Income from Parent Receiving OAS, ANB or APSB

- a. If an OAS, ANB, or APSB recipient is a parent of the child receiving ANC, whether or not his assistance grant is pooled with the family, he shall not be included in the family budget unit. However, he assumes his prorated share of the housing, utilities, and household operations.
- b. If the parent receiving OAS, ANB, or APSB is making a payment to the family budget unit from his grant for room and board, the net income to the family unit is determined by deducting food per OAS budget schedule and the individual's prorated share of rent, utilities, and household operation, from his actual payment.

11. Income from Members of Household not Included in the Family Budget Unit

Net income to the family unit from members of the household, other than the parent, who are receiving OAS, ANB, or APSB, is their actual contribution, minus food per budget schedule, and the individual's prorated share of rent, utilities, and household operation.

12. Income in Kind

A resource in kind, which is received with sufficient regularity to be counted on for meeting basic continuing needs, may be considered income to the family budget unit when a reasonable evaluation of such resource has been determined on a monetary basis. Home produced foods for use of the family only and the value of free clothing and household linens, etc., need not be considered income. When income in kind is a total budgetary item, such as free rent and free board, no evaluation need be placed on them as such items do not appear in the budget for the family.

13. Income Designated for Children Eligible for Federal ParticipationBasis for Participation

Federal participation for ANC is limited to payments made to cover the overhead expenses for the household and the individual needs of children eligible to Federal participation, and person essential to their well-being, such as parents or relatives acting in the place of parents.

(Section Continued on Next Page)

158-10 (I-E-8 Continued)

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Net earnings are gross earnings, less involuntary deductions made by the employer or the U. S. Government, less

1. Allowances determined on an actual basis for (a) meals away from home; (b) dental and medical care; (c) transportation; (d) clothing and incidental needs, in addition to items shown in the basic budget schedule; and (e) estimated expenses for an approved educational or other plan, or special need.

OR

2. Monthly allowances as listed below:

Meals away from home	\$10.00
Dental and medical care.	\$ 3.00
Transportation	\$ 4.00
Clothing needs, in addition to amount given on basic budget schedule.	\$ 5.00
Incidentals - 15% of gross earnings less involuntary deductions.	\$ _____
Approved educational, other plan, or special need estimated expenses	\$ _____

OR

3. Amounts determined by the combined adaptation of 1 and 2, that is, by an actual expenditure basis for some items as provided in 1, and specific allowances for others as shown in 2.

9. Income from Contribution of the Emancipated Minor or Adult Child

- a. If living in the home -

Net contribution from the emancipated minor (for determination of emancipation see Sec. 171-40) or the adult child shall be considered as income to the family budget unit. "Net contribution" is actual contribution minus food per budget schedule and child's prorated share of rent, utilities, and household operation.

(The emancipated minor under 18 is included in the grant if his earnings do not cover his budgetary needs.)

- b. If living out of the home -

Actual contribution of the emancipated minor, or the adult child not living in the home, shall be considered income to the family budget unit.

(Section Continued on Next Page)

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14. Other information relating to Income in ANC may be found in the following manual sections:

- 141-05 Types of Personal Property
- 151-10 Definition of Income in ANC
- 151-20 Definition of Resource
- 151-40 Definition of Small Intermittent Income in ANC
- 151-60 Income from Annuities, Pensions, Compensation, Trust Funds, Etc.
- 151-65 Income from Servicemen's Dependents Allowance Act
- 151-90 Income from Crops or Livestock
- 152-00 Net Income from Real Property
- 152-20 Income from Personal Property
- 152-40 Loans as Income
- 153-40 Income from Court Orders
- 153-50 Allotments from Inmates of Penal Institution
- 153-70 Income from Private Agencies or Other Sources
- 158-07 Individuals to Whom Mandatory Standards of Care are Applicable
- 171-40 Rights and Privileges of Parents of Minor Children
- 233-25 Verification of Income
- 233-30 Verification of Unemployment Insurance
- 233-35 Verification of Old Age and Survivors Insurance
- 233-40 Verification of Family Allowances for Dependents of Servicemen
- 351-25 Reinvestigation of Income

II. THE FAMILY BUDGET METHOD

A. GENERAL GOVERNING PRINCIPLES

In order to conform to the requirements governing the budget method for determining the amount of the grant to which each family group is entitled, it is the responsibility of the county worker to know the situation of each applicant; to discover how adequately the family can meet their problems for themselves; to determine the extent of their financial need and to what extent that need can be met within the provisions of ANC.

When essential information about the family situation is secured, the worker is in position to relate the case to the ANC economic standard.

The county worker should have a thorough understanding of the composition of the budget schedule and the sources of its standards. (SEE GLOSSARY - SOURCE OF STANDARDS FOR BUDGET SCHEDULE, ANC.)

(Section Continued on Next Page)

158-10 (I-E-13 Continued)

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If children ineligible to Federal participation are included in the budget for the family budget unit, and there is income designated for the eligible children, Federal participation for the eligible children is based on actual Federal matching basis for such eligible children.

The actual basis for Federal participation would be determined by deducting the income designated for children eligible to Federal from the budget for the family budget unit, from which the needs of the ineligible children have been deducted. "Needs" refer to food, clothing, personal and special needs of the ineligible children. (SEE II "C" IN THIS SECTION, INSTRUCTIONS FOR USE OF FORM GEN M48-COMPLETION OF "M".)

Reporting

- a. In new cases, if the actual amount which was determined as the basis for Federal participation for the eligible children, is smaller than the maximum basis for Federal participation, (\$18 for one child, \$12 for each additional child), such amount shall be reported under Item 11B on the Certificate of Eligibility (FORM CA 201). (SEE ITEM 11C IN THIS SECTION, AND SEC. 627-20, APPORTIONMENT OF GRANTS ON PAYROLLS OR CLAIMS.)

EXAMPLE:

NEW CASES - CERTIFICATE OF ELIGIBILITY, CA 201

11A ASSISTANCE PLAN - BUDGETARY BASIS FOR DETERMINING NEEDS:	11B VERIFICATION AND EXPLANATION OF ASSISTANCE PLAN
1) TOTAL BUDGET FOR THE FAMILY UNIT . . \$120	GEN M48 9-10-44
2) TOTAL INCOME TO FAMILY UNIT. . . . \$ 45	LET. 9-5-44 OASI BUR.
3) DEFICIENCY \$ 75	
4) ANC GRANT. \$ 75	BASIS FOR FED. PART. \$35 (SEE SEC. 158-10 - 11C)

- b. In current cases, if the actual amount for Federal participation for the eligible children is smaller than the maximum basis (\$18 for one child, \$12 for each additional child), such amount shall be reported on the Notice of Change (Form CA 232) under "Reason for Change." (SEE ITEM 11C IN THIS SECTION, AND SEC. 627-20, APPORTIONMENT OF GRANTS ON PAYROLLS OR CLAIMS.)

EXAMPLE:

"BASIS FOR FEDERAL PARTICIPATION \$35.00"

(Section Continued on Next Page)

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Under "A" list by name, sex, and age, the members of the family budget unit. From Form Gen M45, enter for each person the appropriate amounts in the columns, Food, Clothing, and Personal Needs.

Special Items: Enter the cost of any individual allowances of a special nature granted monthly.

Total vertically the columns for Food, Clothing, Personal Needs, Special Items, and Recreation, and carry these totals to the appropriate spaces under "F".

Under "B" list all other persons living in the household but who are not included in the "Family Budget Unit".

Amount and Source of Income: Typical entries in this column might be "Pension \$40", or "OAS - \$50".

Actual contribution to Family Budget Unit: In this column enter the total amount the person pays to the family each month - that which he pays for his own room and board, plus any additional assistance to the members of the Family Budget Unit.

Net Contribution to the Family Budget Unit: Enter here the portion of the above amount which is considered over and above the cost of this person's share of food and household expenses. The total for this column is income and, accordingly, is carried forward as an item under "H".

(Column headed "Food" to be used when computing net income.)

EXAMPLE: A GRANDFATHER IN THE HOME, RECEIVING A GOVERNMENT PENSION \$40, MIGHT PAY THE MOTHER \$25 A MONTH FOR HIS ROOM AND BOARD. NET INCOME WOULD BE ACTUAL PAYMENT MINUS FOOD PER BUDGET SCHEDULE AND PRORATED SHARE OF HOUSING, UTILITIES, AND HOUSEHOLD OPERATION.

EXCEPTION: IF GRANDFATHER WERE RECEIVING OAS OR ANB, THE OAS FOOD BUDGET SHALL BE USED. (SEE I-E-10 IN THIS SECTION.)

Enter the total number of persons living in the household, including members of the "Family Budget Unit" and any other persons living with them. This number will equal the sum of persons listed under "A" and "B".

Under "C" check housing plan and amounts determined for housing, utilities, and household operation. (SEE I-E-5E, F, G, IN THIS SECTION.)

(Section Continued on Next Page)

158-10 (II-A Continued)

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The budget summary schedule, which is used as a guide in determining the needs of families, sets forth cost of certain items based on an individual minimum quantity standard. It does not necessarily include all items required by each family and the individual members. The adaptation of the budget should be a flexible individualized process. It is reasonable to expect that a family may, at some time, have needs in addition to the common factors that apply to all. Educational needs, beyond those covered by the small allowances included in the budget schedule, should be considered on a broad individual basis.

B. GRANTS OF AID IN WHOLE DOLLARS

When the need is determined on a budgetary basis and the computation of the budget for the family unit shows an unmet need in an uneven amount, the grant may be allowed in the next highest whole dollar.

EXAMPLE A. THE BUDGET OF A FAMILY UNIT CONSISTING OF A MOTHER AND THREE CHILDREN IS \$124.93. THE ONLY INCOME TO FAMILY IS OASI BENEFITS OF \$45.62 A MONTH. THE BUDGET DEFICIENCY IS, THEREFORE, \$79.31 AND THE ANC GRANT IS \$80.

When need is not determined on a budgetary basis as for a child in a boarding home or institution, the grant should be the exact difference between the cost of care and the income received for the child.

EXAMPLE B. THE TOTAL COST OF CARE FOR A CHILD IN A BOARDING HOME IS \$46 A MONTH (\$40 CHARGE FOR CARE PLUS \$6 FOR CLOTHING AND INCIDENTALS). OASI BENEFITS OF \$12.53 ARE BEING RECEIVED MONTHLY FOR CHILD. THEREFORE, THE AMOUNT OF ANC GRANT IS \$33.47.

C. INSTRUCTIONS FOR THE USE OF FORM GENERAL M48, BUDGET WORK SHEET

The Budget Work Sheet (Form Gen M48) is used for computing the amount of ANC to be granted in individual cases. Its use is not compulsory, provided a county has an acceptable substitute form in use.

Consult the Budgetary Summary, Form Gen M45, or approved substitute, for current individual and family allowances in your county.

Complete the top of the Form Gen M48 with the case information requested. The page is divided into sections designated A, B, etc. The following instructions and explanations refer to the sections so lettered.

(Section Continued on Next Page)

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Under "K", enter the budget deficiency, i.e., the result of "outgo" "G" minus "Income" "J".

Under "L", enter actual grant for ANC.

Completion of "M". If children ineligible to Federal participation are included in "A", and there is income designated for the eligible children, "M" should be completed.

EXAMPLE:

NUMBER CHILDREN ELIGIBLE TO FEDERAL 3 INELIGIBLE TO FEDERAL 2

1. TOTAL BUDGET FOR FAMILY BUDGET UNIT (G)	\$120
2. NEEDS SHOWN IN A FOR CHILD INELIGIBLE TO FEDERAL	\$40
3. BUDGET LESS NEEDS OF CHILD INELIGIBLE TO FEDERAL (1 MINUS 2)	\$80
4. INCOME DESIGNATED FOR CHILDREN ELIGIBLE TO FEDERAL	\$45
5. BASIS FOR FEDERAL PARTICIPATION (3 MINUS 4)	\$35

IF THE AMOUNT UNDER "5" IS SMALLER THAN THE MAXIMUM BASIS FOR FEDERAL PARTICIPATION FOR THE ELIGIBLE CHILDREN, (\$18 FOR ONE CHILD, \$12 FOR EACH ADDITIONAL CHILD) REPORT THE AMOUNT INDICATED UNDER "5" AS THE ACTUAL FEDERAL MATCHING BASIS FOR THE ELIGIBLE CHILDREN. (SEE I-E-13 IN THIS SECTION.) (W&IC 1511, 1560)

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Utilities: Enter the amount set as average in budget summary or actual amount paid.

Under "D", to compute the share of housing, utilities, and household operation expenses to be budgeted for the members of the Family Budget Unit, use the fraction indicated on the Work Sheet.

EXAMPLE: A FAMILY BUDGET UNIT INCLUDES 3 PERSONS. (LISTED UNDER "A".) OTHER PERSONS LIVING IN THE HOUSEHOLD: 2 (LISTED UNDER "B"). TOTAL IN THE HOUSEHOLD: 5. THE SHARE OF EXPENSES ALLOCABLE TO THE FAMILY BUDGET UNIT IS, IN THIS CASE $\frac{3}{5}$. IF THE TOTAL EXPENSES UNDER "C" WERE \$20, OR \$12. ACCORDINGLY \$12 WILL BE ENTERED UNDER "D".

Under "E", Education and Incidentals, enter the amount given on the budget summary for the number of persons in the Family Budget Unit and any special items which may be needed in the individual case.

Transportation. Enter amount required for transportation. (SEE I-E-51 IN THIS SECTION.)

Insurance. Enter amount allowed for insurance. (SEE I-E-1 IN THIS SECTION)

Under "F", enter totals carried forward from "A".

Under "G", record the total family outgo, or the sum of the amounts under "D", "E", and "F". Carry this total forward to the space indicated on the line below.

Under "H", enter the sources and amounts of income to the Family Budget Unit (except ANC which is shown under "L"). Note that the total "Net contribution to Family Budget Unit" under "B" is carried forward here.

Under "I", indicate if net returns accrue from home produced foods and value of commodities received regularly by family.

Under "J", enter the total income which is the sum of the amounts entered under "H", and "I". Carry this amount forward to the space indicated under total outgo below, and subtract.

(Section Continued on Next Page)

231-50 (Continued)

231-50

the responsibility of the applicant in so far as he is able, to give information to assist the county in securing such verification.

Information regarding citizenship shall be retained in the county case record. The record shall show that any conflicts which appear in the various pieces of evidence have been reconciled. Original documents such as naturalization certificates or other documents of personal value to the individual should remain in his possession. (SEE SEC. 236-00, SUMMARY OF REVIEW OF DOCUMENTARY EVIDENCE.) (W&IC 2140, 2160)

232-00 NON-COUNTY RESIDENCE PROCEDURE
OAS, ANB, APSB

232-00

Except as investigation of eligibility relates to residence, applications involving non-county aid are handled in exactly the same manner as those in which the county participates in the payment of aid. (SEE SECS. 122-15, NON-COUNTY RESIDENCE, AND 122-65, REMOVAL OF TRANSFERRED RECIPIENT TO THIRD COUNTY, AND 122-70, REMOVAL OF NON-COUNTY AID RECIPIENTS.)

The county shall determine when aid is to be paid on a non-county basis by obtaining the following:

1. Evidence of applicant's State residence; in ANB and APSB two completed Affidavits of Residence (Form Bl 221). (SEE SEC. 129-00, DETERMINATION OF STATE AND COUNTY RESIDENCE.)
2. Applicant's Affidavit of Intent As to Residence (Form Ag, Bl 204).
3. Verification of date applicant established residence in present county.
4. Verification of date residence in county of application was lost if applicant formerly had residence in present county.

Original or certified copies of the foregoing shall be submitted to the SDSW with application (Form Ag, Bl 200) when aid is to be paid on a non-county basis, and exact copies shall be retained in the county case record. (W&IC 2140, 2160, 3025, 3042, 3420, 3432, 3460)

232-05 APPLICANT'S AFFIDAVIT OF INTENT AS TO RESIDENCE IN NON-COUNTY CASES
OAS, ANB, APSB

232-05

The Applicant's Affidavit of Intent as to Residence (Form Ag, Bl 204) shall be completed for every application recommended for non-county aid. Ordinarily the form is completed at the time the application is signed.

The applicant certifies to the date on which he came to the county of application and the date on which by intent he established a residence therein. The applicant also reports as accurately as possible his whereabouts for the past three years immediately preceding the date of application and reason for each removal. If this report shows that the applicant formerly lived in the county in which the application is made, determination shall be made as to whether this residence has been lost. There may be instances when the history of the applicant's residence over a longer period must be secured but, generally, a record of his whereabouts for the past three years is sufficient. (W&IC 2140, 3075, 3460)

231-00 (Continued)

231-00

If an applicant for ANB or APSB is 21 years of age or over, the applicant's sworn statement as it appears on the Application (Form B1 200) is considered sufficient evidence of age if corroborated by county worker's statement based upon observation of the applicant. (SEE SEC. 106-05, PROOF OF AGE REQUIRED IN ANB AND APSB.)

All proof of age obtained by the county or information regarding age taken from documents which are returned to the applicant shall be retained in the county record, and the record shall show that any conflicts which appear in the various pieces of evidence have been reconciled. Original documents such as birth or baptismal certificate or other documents of personal value to the individual should remain in his possession. (SEE SECS. 236-00, INSTRUCTIONS FOR SUMMARY OF INFORMATION FROM REVIEW OF DOCUMENTARY EVIDENCE, AND 231-10, INSTRUCTIONS FOR EVIDENCE OF AGE FORM.) (W&IC 2140, 3075, 3460)

231-05 VERIFICATION OF AGE AND BIRTH
ANC

231-05

The Age Chapter, 105-00, lists acceptable evidence of age and birth in ANC.

In order that aid may not be delayed for children who are obviously under 18 years of age, an affidavit may be secured from the mother, relatives or person in loco parentis as provided in Sec. 109-30, Affidavit of Individual as Age Evidence.

Birth certificate of verification from a state bureau of vital statistics or county recorders, or baptismal certificate are preferred types of birth evidence.

When birth is not verified by a preferred type of evidence, the case record shall show the efforts made by the county to secure such evidence. (W&IC 1522, 1560)

231-10 INSTRUCTIONS FOR EVIDENCE OF AGE FORM
ANB, APSB

231-10

Summary of Evidence of Age (Form B1 203) shall be used when the county record does not contain the original age evidence which is required when the applicant states he is less than 21 years of age. (SEE SEC. 106-05, PROOF OF AGE REQUIRED IN ANB AND APSB.) Original documents, such as birth or baptismal certificates or other documents of personal value to the individual should remain in his possession.

The nature and date of the original evidence and the place where it may be reviewed shall be recorded on Form B1 203. Under "Evidence is in possession of" give permanent location of the evidence, including address of the person who has it. The county worker who reviewed the evidence shall sign and date the form. (W&IC 3040, 3041, 3075, 3430, 3431, 3460)

231-50 CITIZENSHIP VERIFICATION
OAS

231-50

The county shall ascertain the citizenship status of the applicant for OAS in accordance with the provisions of the Citizenship Chapter, 112-00. It is

(Section Continued on Next Page)

250-50 FACSIMILE SIGNATURES OF COUNTY WORKERS OR OFFICIALS
OAS, ANB, APSB, ANC

250-50

The SDSW will accept facsimile signatures of county workers or officials on certain documents. It is necessary ~~that~~ the facsimile signatures be affixed either by or under the special authority of the county officer whose signature is thus affixed. Documents on which facsimile signatures are acceptable are listed as follows:

Certificate of Verification of Eligibility (Ag, Bl, CA 201) signed by county investigator and by case supervisor or county director; also signed by county clerk or deputy county clerk.

Notice of Change (Ag, Bl, CA 232) signed by county clerk or deputy county clerk.

Social Data Record Card (Ag, Bl, CA 230) signed by "person completing form".

Notification of Transfer (Ag, Bl, CA 215) signed by county worker.
(W&IC #560, 2140, 3075, 3460)

250-10 REPORTING ACTION OF THE BOARD OF SUPERVISORS TO APPLICANT
OAS, ANB, APSB, ANC

250-10

Immediately following action of the board of supervisors, the applicant shall be notified in writing of the disposition of his application and of his right of appeal to the SDSW for a fair hearing. (SEE SEC. 325-20, RIGHT, PURPOSE AND SCOPE OF APPEAL.) This includes the applicant who has applied for a transfer from ANB to APSB or vice versa.

In OAS, ANB and APSB, the applicant shall also be notified of his right to a hearing before the board of supervisors. Every notification of denial shall include the reason for such action.

Notification of Action by the Board of Supervisors (Form Ag, B1, CA 239) includes the minimum requirements for notification to the applicant and shall be used by the county unless a substitute form which incorporates the information appearing on Form Ag, B1, CA 239 is used, namely:

1. The nature of the board of supervisors' action, i.e., granting of aid (on new applications or restorations) or denial of aid. When granted, the amount of aid shall be shown.
2. The date from which the board of supervisors' action is effective.
3. The date the Form Ag, B1, CA 239 is forwarded to the applicant.
4. A statement regarding the right of appeal for a fair hearing, including the address of the SDSW. In OAS, ANB and APSB, the applicant shall also be notified of his right to a hearing before the board of supervisors upon application for such hearing within 30 days from the date of notification of the board of supervisors' action.
5. A suggestion that the applicant discuss with the county any dissatisfaction regarding the board of supervisors' action.

In OAS, in addition to the above requirements, Form Ag 239 shall include the following items:

6. The source of income and amount of deductions shall be listed when aid is granted in less than the maximum amount.
7. The amount of total need shall be shown, when the total verified need of the individual is determined to be in excess of \$50.

In ANC, when the Probation Officer or other person is the applicant and the relative is the payee, Form CA 239 should be sent to the relative with whom the child is living. Since care given to children in institutions or boarding homes is usually on a contractual basis, it is ~~not necessary to send~~ Form CA 239 to institutions or boarding homes in every case. However, inasmuch as any person responsible for care or caring for a child may file an appeal with the SSWB, the county should make known to the Probation Officer and to the institution or boarding home caring for ANC children the fact that an appeal may be filed.

(SEE SECS. 236-30, CONTENT OF CASE RECORD, AND 361-80, NOTIFICATION TO RECIPIENT OF CHANGE IN GRANT.) (W&IC 1551, 1560, 2016, 2140, 2181.1, 2182, 3075, 3086, 3087.5, 3089, 3460, 3473, 3473.2.)

361-30 SUSPENSION PROCEDURE
OAS, ANB, APSB, ANC

361-30

The board of supervisors may for cause, and upon instructions to do so by the SDSW, shall cancel, suspend, or revoke aid. (W&IC 2220, 3078.5, 3460) The recipient shall be immediately notified of the county's action, the reason therefor, and the right of appeal therefrom. (SEE SEC. 361-30, NOTIFICATION TO RECIPIENT OF CHANGE IN GRANT.) (W&IC 2220.5)

Aid shall be suspended by the county when there is neither proof of continued eligibility nor proof of ineligibility. Suspension is the process whereby delivery of a warrant is withheld beyond the month for which the warrant is issued while circumstances which raise question regarding the recipient's continued eligibility are investigated. Upon completion of the investigation suspended warrants are either released to the recipient or canceled. Discontinuance of aid differs from suspension in that aid is discontinued only when the information establishes ineligibility for continued aid. An initial warrant may be suspended. (SEE SEC. 361-50, DISCONTINUANCE OF AID.)

Action authorizing the suspension of aid shall be taken by the board of supervisors not later than the first meeting of the month following that for which delivery of a warrant is withheld. Exception: When the county welfare department establishes eligibility prior to the first board of supervisors' meeting of the month following that for which delivery of a warrant is withheld, the warrant may be released without the necessity of board action authorizing the suspension of aid, provided the warrant is delivered on or before the date of such board meeting.

Upon request of the SDSW, an immediate report of every suspension of aid shall be made. Such report shall state the reason for the suspension, the date on which the board of supervisors approved the suspension, and the progress made toward establishing eligibility.

When delivery of a warrant has been withheld but eligibility is subsequently established and the warrant is delivered on or before the last day of the month for which it is issued, suspension action is not necessary. (SEE SEC. 361-30, NOTIFICATION TO RECIPIENT OF CHANGE IN GRANT.)

In ANB and APSB, aid shall not be discontinued or suspended upon receipt of a Physician's Report of Eye Examination (Form Bl 227) which raises question as to the degree of blindness. Such a report shall be considered as conflicting evidence of eligibility in that one or more Forms Bl 227 indicating eligibility were previously obtained. The procedure outlined in Sec. 361-40, Continued Eligibility Questioned on Basis of Physician's Report of Eye Examination, shall be followed.

When information which raises question regarding continued eligibility makes it advisable to withhold delivery of the warrant for a particular month

(Section Continued on Next Page)

361-25 (Continued)

361-25

10. When the SDSW concurs in a county recommendation that retroactive aid be paid. (SEE SEC. 325-42, STIPULATED APPEALS.)

Retroactive aid may be paid by the county when a payment was made in conformity with the authorized award and it is subsequently determined that the recipient was eligible to a larger grant, provided it is administratively possible to secure action of the board of supervisors and to deliver the warrant before the end of the second month following that in which the recipient was underpaid.

EXAMPLE A: AN OAS RECIPIENT RECEIVES \$40 IN AUGUST, A \$10 DEDUCTION MADE BECAUSE OF A SON'S CONTRIBUTION. ON OCTOBER 5 THE COUNTY LEARNS THAT THE SON CEASED HIS CONTRIBUTION IN JULY, AND THE RECIPIENT HAS HAD NO OTHER INCOME. HE WAS, THEREFORE, ELIGIBLE TO RECEIVE A GRANT OF \$50 FOR AUGUST AND FOR SEPTEMBER.

IF IT IS ADMINISTRATIVELY POSSIBLE, THE BOARD OF SUPERVISORS MAY GRANT RETROACTIVE AID DUE FOR AUGUST PROVIDED THE WARRANT CAN BE DELIVERED NOT LATER THAN OCTOBER 31 AND FOR SEPTEMBER PROVIDED THE WARRANT CAN BE DELIVERED NOT LATER THAN NOVEMBER 30.

EXAMPLE B: AN ANB RECIPIENT RECEIVED A GRANT OF \$35 IN OCTOBER. ON JANUARY 21 THE COUNTY VERIFIED THAT INCOME FORMERLY RECEIVED CEASED IN OCTOBER AND THAT THE RECIPIENT WAS ENTITLED TO RECEIVE A GRANT OF \$60 FROM NOVEMBER 1. THE BOARD OF SUPERVISORS DOES NOT MEET AGAIN UNTIL FEBRUARY 5. ON THAT DATE THE FEBRUARY GRANT IS INCREASED TO \$60 AND RETROACTIVE AID FOR DECEMBER AND JANUARY MAY BE GRANTED PROVIDED THE RETROACTIVE AID DUE FOR DECEMBER CAN BE DELIVERED NOT LATER THAN THE LAST DAY OF FEBRUARY AND THE RETROACTIVE AID DUE FOR JANUARY CAN BE DELIVERED NOT LATER THAN MARCH 31. RETROACTIVE AID FOR NOVEMBER MAY BE GRANTED ONLY UPON CONCURRENCE OF THE SDSW OR UPON APPEAL TO THE SSNB.

EXAMPLE C: ANC IN THE AMOUNT OF \$85 WAS PAID FOR JANUARY TO MEET THE BUDGETARY DEFICIENCY FOR A FAMILY OF MOTHER AND FOUR CHILDREN. ON FEBRUARY 10, COUNTY LEARNED THAT FAMILY HAD MOVED TO MORE ADEQUATE LIVING QUARTERS AND RENT FOR JANUARY INCREASED BY \$7. THE BOARD OF SUPERVISORS MAY GRANT \$7 RETROACTIVE AID FOR JANUARY PROVIDED SUCH ACTION IS TAKEN IN FEBRUARY OR MARCH AND THE WARRANT IS DELIVERED NOT LATER THAN MARCH 31.

(SEE SEC. 627-30, BASIS FOR FEDERAL PARTICIPATION.) (W&IC 1552.5, 1560, 2140, 2220, 3075, 3078.5, 3460; AGO NS4670; FSSB)

627-30 (Continued)

627-30

3. When the beginning date of aid originally established on an application is not in accordance with the legal provisions of the W. & I. Code and a subsequent corrective action is taken beginning aid at an earlier date. The Federal government participates providing the retroactive aid is not for a month(s) prior to the month of the original action and further providing that the corrective action is taken and the warrant is delivered by the end of the second month following that in which the original action was taken.

EXAMPLE B: AN OAS APPLICATION WHICH WAS SIGNED ON JULY 15 WAS APPROVED BY THE BOARD OF SUPERVISORS ON SEPTEMBER 15, AID TO START EFFECTIVE OCTOBER 1. ON OCTOBER 25 THE COUNTY DISCOVERS THAT AID SHOULD HAVE BEEN EFFECTIVE SEPTEMBER 1 ACCORDING TO THE PROVISIONS OF W. & I. CODE SEC. 2183. ON NOVEMBER 2 THE BOARD OF SUPERVISORS TAKES ACTION CORRECTING THE ERRONEOUS BEGINNING DATE OF AID BY ORDERING AID PAID EFFECTIVE SEPTEMBER 1. THERE IS FEDERAL PARTICIPATION IN THE WARRANT ISSUED IN NOVEMBER FOR SEPTEMBER AS THERE WOULD HAVE BEEN NO RETROACTIVE INITIAL PAYMENT IF THE ORIGINAL ACTION IN SEPTEMBER HAD BEEN CORRECT.

EXAMPLE C: AN OAS APPLICATION WHICH WAS SIGNED ON JUNE 15 WAS APPROVED BY THE BOARD OF SUPERVISORS ON OCTOBER 15, AID TO BEGIN OCTOBER 1. ON OCTOBER 25 THE COUNTY DISCOVERS THAT AID SHOULD HAVE BEEN EFFECTIVE SEPTEMBER 1 ACCORDING TO THE PROVISIONS OF THE W. & I. CODE SEC. 2183. ON NOVEMBER 2 THE BOARD OF SUPERVISORS TAKES ACTION CORRECTING THE ERRONEOUS BEGINNING DATE OF AID BY ORDERING AID PAID EFFECTIVE SEPTEMBER 1. THERE IS NO FEDERAL PARTICIPATION IN THE AID PAID IN NOVEMBER FOR SEPTEMBER AS THE ORIGINAL BOARD OF SUPERVISORS' ACTION OCCURRED IN OCTOBER. HAD AID BEEN CORRECTLY APPROVED FROM SEPTEMBER 1 IN OCTOBER, THERE WOULD HAVE BEEN NO FEDERAL PARTICIPATION AS THE INITIAL PAYMENT WOULD HAVE BEEN RETROACTIVE.

Federal participation is available for retroactive aid in the following situations (SEE SEC. 361-25, RETROACTIVE AID PAYMENTS BY COUNTY).

4. Increased Payment

When a payment of aid has been made in accordance with the authorized award and is later found to be less than the amount to which the recipient (or child or children in ANC) was eligible. The Federal government participates in additional payments authorized and delivered before the end of the second month following that in which the underpayments occurred.

5. Correction of Erroneous Payment

- a. When a payment in a particular month is made for less than the authorized award for that month and the error is corrected by delivery of an additional warrant within a three-month period, including the month in which the erroneous payment was made. No action of the board of supervisors is necessary.

EXAMPLE D: THE AUTHORIZED AWARD FOR JANUARY IS \$40. THROUGH ERROR ONLY \$30 IS PAID ON JANUARY 1. THE ADDITIONAL \$10 MAY BE PAID LATER IN JANUARY, IN FEBRUARY OR NOT LATER THAN MARCH 31. NO CHANGE IN THE AWARD IS MADE TO CORRECT THE UNDERPAYMENT.

(Section Continued on Next Page)

627-30 FEDERAL PARTICIPATION
OAS, ANB, ANC

627-30

Basis for Federal Participation:
OAS, ANB

In OAS and ANB the maximum basis for Federal participation is \$40. The actual Federal share is one-half the monthly grant up to a total grant of \$40 (the maximum being \$20) on all cases which meet Federal eligibility requirements. There is no Federal participation in the AFSE program. (W&IC 2186, 3087; FSSA)

ANC

In determining the maximum basis on which the Federal share is computed in ANC, the total grant to a family budget unit is considered. The maximum Federal basis is \$18 for one child and \$12 for each additional eligible child in the family budget unit. Therefore, if there is one eligible child in a family budget unit, the maximum basis for Federal participation is \$18, if there are two eligible children in the family budget unit, the maximum basis for Federal participation is \$30; if there are three eligible children, the maximum basis is \$42; etc. The actual Federal share is one-half of the amount paid up to the maximum Federal basis. (W&IC 1553, 1560; FSSA)

EXAMPLE A: A FAMILY BUDGET UNIT CONSISTS OF FOUR ELIGIBLE CHILDREN AND THE TOTAL GRANT TO THE FAMILY PAID BY ONE WARRANT IS \$60. THE BASIS FOR FEDERAL PARTICIPATION IN THIS CASE IS \$54 (THE MAXIMUM FEDERAL BASIS FOR FOUR CHILDREN). (SEE CASE NO. 4, FORM CA 801)*

When one or more children of a family group have non-county status and the remaining children have regular status, the \$18 basis for Federal participation is allocated to a child having regular status. (SEE CASE NO. 5, FORM CA 801.)* (W&IC 1556, 1560)

When Federal Participation is Available:
OAS, ANB, ANC

The first payments made on new applications and restorations are initial payments. Federal participation is available in initial payments provided the board of supervisors' action occurs within the month for which the aid is granted and the warrant is delivered prior to the end of the second month following the month for which the aid is granted. Federal participation is also available in initial payments as follows:

1. In appeal cases granted by the SSWB. The Federal government participates in the payment for all or any part of the period during which the appeal was pending, plus the month during which the appeal was signed and the two preceding months.
2. When an application for aid has been improperly denied and such action is later rescinded. The Federal government participates in the payment for the month in which the rescinding action was taken (and the payment was delivered) and the two preceding months (SEE SEC. 201-25, WHEN APPLICATION TO BE TAKEN).

*EXAMPLES OF THE VARIOUS TYPES OF CASES ARE SHOWN ON THE SAMPLE FORMS IN SEC. 629-99, COUNTY AID CLAIM FORMS.

(Section Continued on Next Page)

627-30 (Continued)

627-30

EXAMPLE H: APPLICATION FOR ANB OR ANC IS SIGNED ON AUGUST 5. THE 90-DAY INVESTIGATION PERIOD EXPIRES NOVEMBER 3. DETERMINATION THAT APPLICANT OR CHILD IS ELIGIBLE IS NOT MADE BY THE BOARD OF SUPERVISORS UNTIL JANUARY 10, WHEN AID IS APPROVED TO BEGIN NOVEMBER 1, THE FIRST OF THE MONTH DURING WHICH THE 90-DAY PERIOD EXPIRES. THERE IS NO FEDERAL PARTICIPATION IN THE ANB OR ANC PAYMENTS MADE IN JANUARY FOR NOVEMBER AND DECEMBER.

In ANC when reimbursement is claimed retroactively for an additional child/children, but no retroactive payment is made because the full budgetary needs of the additional child/children were met in the original grant for the family unit, Federal participation is available if the investigation is completed within three months from the beginning date of aid for the additional child/children. (SEE ITEM 2 IN SEC. 626-50, SUPPLEMENTAL AID CLAIMS.) (FSSB)

EXAMPLE I: APPLICATION IS SIGNED IN JUNE FOR 3 CHILDREN. INVESTIGATION IS COMPLETED IN AUGUST FOR TWO OF THE CHILDREN, AND AID IS GRANTED EFFECTIVE AUGUST 1 FOR THESE TWO CHILDREN. THE WARRANT COVERS THE FULL BUDGET DEFICIENCY. INVESTIGATION FOR THE ADDITIONAL CHILD IS COMPLETED IN NOVEMBER AND BOARD OF SUPERVISORS' ACTION IS TAKEN IN THAT MONTH. STATE PARTICIPATION IS ALLOWED RETROACTIVELY FROM SEPTEMBER 1, AS THE 90-DAY PERIOD ENDED IN SEPTEMBER. SINCE THE INVESTIGATION FOR THE ADDITIONAL CHILD WAS COMPLETED WITHIN THREE MONTHS FROM THE BEGINNING DATE OF AID FOR THAT CHILD (SEPTEMBER 1), FEDERAL PARTICIPATION IS AVAILABLE FROM SEPTEMBER 1.

IN THE SAME SITUATION, IF THE INVESTIGATION HAD NOT BEEN COMPLETED UNTIL DECEMBER (MORE THAN 3 MONTHS FROM BEGINNING DATE OF AID FOR THE ADDITIONAL CHILD), FEDERAL PARTICIPATION WOULD NOT BE AVAILABLE UNTIL DECEMBER 1.

Hospitalization:

Federal participation is available for a recipient (in ANC the child for whom aid is granted) receiving medical or surgical care in a public institution until the end of the month following that in which the recipient is admitted to the hospital. Exception: Federal participation in two monthly payments is available when determination has been made that the hospitalization is for a temporary period. (SEE SEC. 164-10, ELIGIBILITY DURING HOSPITALIZATION.)

EXAMPLE J: AN OAS RECIPIENT IS ADMITTED TO COUNTY HOSPITAL AUGUST 10. AID IS PAID FOR SEPTEMBER AND OCTOBER BECAUSE ON THE FIRST OF EACH MONTH HE HAS NOT BEEN IN THE HOSPITAL FOR TWO CALENDAR MONTHS. IF A DETERMINATION IS MADE THAT HOSPITALIZATION WILL BE TEMPORARY, THERE IS FEDERAL PARTICIPATION IN BOTH THE SEPTEMBER AND OCTOBER PAYMENTS. IF, HOWEVER, HOSPITALIZATION IS NOT DETERMINED TO BE TEMPORARY, FEDERAL REIMBURSEMENT IS AVAILABLE ONLY THROUGH THE MONTH OF SEPTEMBER.

Guardianship:

In OAS and ANB, there is no Federal participation in payments made to a guardian who is an employee of the SDME. (SEE SEC. 230-60, GUARDIANSHIP.)

References to Other Manual Sections:

For further discussion of Federal participation see Secs. 627-45, Partial Months; Claims--Bases for State and Federal Participation; 627-80, Federal Participation on Children Between Ages of 16 and 18 Years; 627-85, Federal Participation When an Additional Child Becomes Eligible for Aid During Month; 627-90, Two or More Family Budget Units in One Household; and 628-00, Payees Eligible Under Social Security Act. (W&IC 1553, 1560, 2140, 2186, 3075, 3087; FSSB)

627-30 (Continued)

627-30

b. When a payment is made in excess of the authorized award. The Federal government participates in the excess payment only if the amount of the excess is taken into consideration in the payment for either of the two months following the month in which the overpayment was made. No action of the board of supervisors is necessary.

EXAMPLE E: THE AUTHORIZED AWARD IN OAS IS \$40. THROUGH ERROR \$50 IS PAID IN JANUARY. IN FEBRUARY OR MARCH \$10 LESS THAN THE AUTHORIZED AWARD IS PAID TO ADJUST FOR THE \$10 OVERPAYMENT IN JANUARY. NO CHANGE IN THE AWARD IS MADE TO CORRECT THE OVERPAYMENT. A LETTER NOTIFYING THE SDSW OF THE ERROR AND THE MONTH IN WHICH THE ADJUSTMENT IS TO BE MADE WILL ASSURE FULL FEDERAL PARTICIPATION IN THE MAXIMUM BASIS OF \$80 FOR THE TWO MONTHS.

6. Delayed Payment

When a grant of aid has been properly authorized but either the issuance or release of the warrant has been delayed in such situations as Items 3 through 8 in Sec. 361-25, Retroactive Aid Payments by County. The Federal government participates provided the payment is released within the two months following the month for which delivery was withheld.

7. Payment with Respect to an Erroneous Discontinuance

When an erroneous discontinuance is later rescinded. The Federal government participates in the payment for the month in which the rescinding action is taken (and the payment is delivered) and the two preceding months.

8. Appeals to SSWB

When a retroactive payment has been made to adjust an appeal which has been filed, but not yet heard by the SSWB, or to carry out an appeal decision by the SSWB. The Federal government participates in the payment for all or any part of the period during which the appeal was pending, in addition to the month during which the appeal was signed and the two preceding months.

Federal participation is not available for retroactive payments for any months between the expiration of the investigation period and the month(s) in which assistance is authorized except when aid has been improperly denied and such action is later rescinded. (See Sec. 611-70, RETROACTIVE INITIAL PAYMENTS, AND 626-50, SUPPLEMENTAL AID CLAIMS.)

EXAMPLE F: REQUEST FOR RESTORATION OF OAS AFTER DISCONTINUANCE DUE TO EMPLOYMENT IS MADE ON MARCH 16. THE 30-DAY INVESTIGATION PERIOD EXPIRES APRIL 15, BUT DETERMINATION THAT APPLICANT IS ELIGIBLE IS NOT MADE BY THE BOARD OF SUPERVISORS UNTIL MAY 5, WHEN AID IS GRANTED TO BEGIN APRIL 1, THE FIRST OF THE MONTH DURING WHICH THE 30-DAY PERIOD EXPIRES. THERE IS NO FEDERAL PARTICIPATION IN THE OAS PAYMENT MADE IN MAY FOR APRIL.

EXAMPLE G: APPLICATION FOR OAS IS SIGNED ON SEPTEMBER 25. THE 60-DAY INVESTIGATION PERIOD EXPIRES ON NOVEMBER 24. DETERMINATION THAT APPLICANT IS ELIGIBLE IS NOT MADE BY THE BOARD OF SUPERVISORS UNTIL FEBRUARY 5, WHEN THEY GRANT AID TO BEGIN DECEMBER 1, THE FIRST OF THE MONTH FOLLOWING THE EXPIRATION OF THE 60-DAY PERIOD. THERE IS NO FEDERAL PARTICIPATION IN THE OAS PAYMENTS MADE IN FEBRUARY FOR DECEMBER AND JANUARY.

(Section Continued on Next Page)

MAIN OFFICE
SACRAMENTO
616 K STREET
(14)

LOS ANGELES OFFICE
WASHINGTON BUILDING
311 SOUTH SPRING STREET
(13)

SAN FRANCISCO OFFICE
DAVID HEWES BUILDING
995 MARKET STREET
(3)

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG

DIRECTOR

Sacramento 14
May 2, 1946

SOCIAL WELFARE BOARD

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2816 OAK KNOLL TERRACE
BERKELEY

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

IN REPLY PLEASE REFER
TO:

Dear Mr. Jordan:

Attached are three copies of the following regulations
made by the State Department of Social Welfare

DEPARTMENT BULLETIN NO. 275 (WS) (Emergency Regulation)
DEPARTMENT BULLETIN NO. 233 Rev. (CA) (Emergency Regulation)

These regulations are filed in accordance with Section 11381
of the Government Code, Chapter 1334, Statutes of 1945.

Very sincerely yours,


CHARLES M. WOLLENBERG, Director
Department of Social Welfare

63:b5
Attachment

MAIN OFFICE
SACRAMENTO
616 K STREET

EARL WARREN
GOVERNOR

7.41C 113-120

LOS ANGELES OFFICE
WASHINGTON BLDG.
311 SOUTH SPRING STREET

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

SAN FRANCISCO OFFICE
DAVID HEWES BLDG.
995 MARKET STREET

CHARLES M. WOLLENBERG
DIRECTOR

Sacramento
April 9, 1946

DEPARTMENT BULLETIN NO. 275 (WS)

TO: COUNTY BOARDS OF SUPERVISORS
COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS

Subject: Use of Civilian War Assistance
for Alien Members of a
Repatriate Family

Civilian War Assistance, Frozen
Funds

1. Use of Civilian War Assistance for Alien Members of a Repatriate Family

In order to prevent the separation of families, some repatriates returning to this country are being permitted, under the Department of State's repatriation plan, to bring with them alien dependent children and parents. Since these alien members of the family are occasionally given only temporary visas of short duration, immediate steps should be taken to arrange for a change of status.

Since visas are given for a definite period of either 30 or 60 days, it is suggested that any such persons coming to the attention of the county welfare agency be advised to write in sufficient time to the District Director of the Immigration and Naturalization Service at the port of entry to request an extension of stay. They should give full identifying information, date of arrival and port, and also indicate that they have not yet been able to obtain a change of status, although plans for this are now in process.

Because of the many technicalities involved in arranging for pre-examination and change of status, often necessitating going to Canada, Mexico, or Cuba and then reentering this country under quota, it is further suggested that such individuals be referred to one of the many private agencies offering assistance to aliens, such as International Institutes, Immigrant's Protective Leagues, and Council of Jewish Women. The District Director of the Immigration and Naturalization Service can identify such agencies if they are not already known to you.

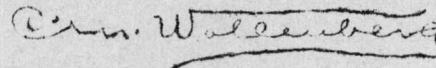
Civilian War assistance available to all repatriates may also be used, where necessary, for alien members of a repatriate family in completing any of the above arrangements, as long as funds are used to meet expenses incurred only in this country. For example, civilian war assistance can be used for necessary transportation and maintenance within this country and up to the border, but not for transportation across the border or within another country, such as Canada. However, if private resources are available, they can be used to supplement the assistance given under the civilian war assistance program, in meeting expenses outside the country in order to complete the necessary requirements for change of status.

If you have any question about the use of civilian war assistance to assist alien members of a repatriate family, please let us know.

2. Civilian War Assistance, Frozen Funds

We have been advised that the National City Bank in Manila is now making payments to depositors upon application. Because of the destruction of so many of the bank records, there is a considerable time delay in processing applications from depositors. Persons who had accounts in this bank may receive assistance in making the collection from the Foreign Departments in the larger banks in the communities where they now live. The Foreign Department of one bank in San Francisco indicated that it required approximately 4 weeks for the depositor to receive his money.

Very sincerely yours,



CHARLES M. WOLLENBERG, Director
Department of Social Welfare

Certified as a Regulation (or as
Regulations) of the

Dept of Social Welfare
(Name of State Agency)

Chas. E. Luehry
(Signature)

Director
(Title)

May 2, 1946
(Date)

MAIN OFFICE
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EARL WARREN
GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

LOS ANGELES OFFICE
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995 MARKET STREET

CHARLES M. WOLLENBERG
DIRECTOR

Sacramento
March 19, 1946

*Continued 4410 1556.5, 1557, 1558,
159 1560*
MAR 19 P.M.

DEPARTMENT BULLETIN NO. 233 REV. (CA)

TO: CHILDREN'S INSTITUTIONS

Subject: Rulings, Policies and Procedures
Governing ANC Applications Filed
by Institutions

FOREWORD

This bulletin replaces Bulletin No. 233 which originally presented to institutions a new method of handling applications for ANC. The procedure is adapted from the decentralized plan followed by counties, and requires forms and the use of the State Department's Manual of Policies and Procedures in determining eligibility, securing documentary evidence, and in the evaluation of such evidence.

Reference is made in this bulletin to a number of ANC forms (some of which were recently revised) of which an initial supply is being sent to you under separate cover. Additional supplies of these forms are available as follows:

From SDSW (without cost)

CA 200 A Rev. 1/46 (Application)
CA 201 A Rev. 3/46 (Report of Investigation)
CA 245 A Rev. 3/46 (Statement or Affidavit of Parent or Guardian of Child
for whom Institution Files Application for ANC)

From Bureau of Purchases*

CA 232 Rev. 7/45 (Notice of Change--ANC) @ 13¢ a pad
CA 220 Rev. 7/45 (Affidavit Concerning Absent Father) @ 25¢ a pad

SECTION I

A. THE APPLICATION

The application Form CA 200A (Revised 1/46) requires the signature of the superintendent or other person authorized to represent the institution. The application should be signed as soon as the institution representative is reasonably certain that the child/children qualify for ANC. This is important since the date of the application has a bearing upon the beginning date of aid. (See Section 1558 of the Welfare & Institutions Code which provides that in no event shall payments antedate the date of an application.) If the subsequent investigation establishes eligibility, the institution representative makes

*Submit order to: Mr. W. Scofield,
State Bureau of Purchases,
State Office Building #1,
Sacramento, California.

an affirmation to this effect by signing in the space provided for that purpose at the bottom of the application. This Form CA 200A (Revised 1/46) shall be taken for each reinvestigation. (See Paragraphs "D" and "F".)

B. USE OF MANUAL SECTIONS

It will be noted that the Manual of Policies and Procedures was prepared primarily for the use of the counties. Therefore, many sections of the Manual do not have the same connotation for the institutions filing ANC applications with the SDSW. For instance, "applicant" or "recipient" refers to the person who is usually caring for the child and who is requesting or receiving money payments in behalf of the child, whereas the institution maintaining the child files application for reimbursement to the extent of ANC available. However, in either event, the points of eligibility set forth in the Code, the regulations of the Department, and the general provisions in the Manual for making the investigation and for establishing eligibility, shall be followed by the institutions, as well as by the counties. Necessarily, there must be sufficient variation in procedure and in certain policies to permit adaptability.

Institutions filing applications direct with the SDSW shall use the Department's Manual as a guide where the procedure set forth therein is applicable to the individual situation. The entire chapters on Classification and Age are basic for the establishment of classification eligibility and birth date.

Most of the sections in the chapters on Personal and Real Property are applicable to institutions, although some may seldom be invoked.

State residence for the child not born in California, must always be established. While county residence need not be established as an eligibility requirement for the child maintained in an institution, it is important for the institutional workers to have knowledge of general rules of residence. Special attention is called to Sections 1526 (c) and 1526 (e) of the Welfare & Institutions Code.

The chapter on Investigation and Decision outlines the required procedure to be followed in establishing eligibility.

Sections of the Manual to be most frequently used are listed in Section II of this bulletin.

C. AFFIDAVIT OR AFFIRMATION OF PARENT OR GUARDIAN

The Form CA 245A (Revised 3/46) Statement or Affidavit of Parent or Guardian of Children for Whom Institution Files Application for ANC, is used in cases where a parent of the children is living or where there is a legal guardian (see Manual Section 158-30). The form includes a statement of income, real and personal property of the parent or children, and any monthly obligations of the parent. When the form is being completed by the legal guardian, only Sections 1 thru 3 are to be completed, showing the children's real and personal property and specific income, if any.

Ordinarily, institutions completing the form will not have it notarized. However, there may be instances when, because of the necessity of mailing the form to the parent or legal guardian for completion the institution may wish to require notarization.

The statement of monthly obligations shall be analyzed by the worker and used as basis for discussion with the parent regarding ways and means of adjusting his financial affairs, so as to permit him, insofar as possible, to meet his responsibility for supporting his children. When there are monthly obligations representing items which have been determined to be special needs, monthly payments should be kept to the minimum that will satisfy the obligations.

It may be presumed that property which has been used as a home will again be so used. Therefore, property payments on encumbered home property as paid, and expenses incident to its maintenance and upkeep, are recognized obligations. Payments, including principal, interest and average taxes, should be comparable to rent per size of family. "Size of family" includes parents and minor children who would normally comprise the household. The following chart showing rent per size family (from the ANC standard budget schedule for family groups) may be used as a guide:

Number of persons	2	3	4	5	6	7	8 or more
Rent allowance guide	\$25	\$25	\$25	\$29.50	\$29.50	\$30	\$30

Expenses incident to property other than the home, should be recognized on a temporary basis only and should be kept to the minimum for maintaining the equity. If it appears that the children's care in the institution will be required for a period exceeding six months, the parent should be urged to utilize his income for the support of his children rather than for maintaining investments in other than his home.

D. INVESTIGATION

1. Form CA 201A

The Report of Investigation, Form CA 201A (Revised 3/46), is the report of the institution to the SDSW showing steps taken in the investigation and documentary evidence secured (and contained in the institution files) establishing eligibility. This form shall accompany each Form CA 200A submitted to the SDSW. (See Instructions under "F" for number of copies to be forwarded.) Instructions for the completion of this form will be found under Section II of this bulletin.

2. Content of Case Record

The social history of each child for whom an application for ANC is made by the institution, shall contain a description of the steps taken in the investigation, including the verification of points of eligibility. If there are conflicts in information relating to eligibility, the record shall show how these were reconciled.

Institution records shall include, in uniform arrangement, copies of all documentary evidence secured and all forms completed, in connection with the application and investigation, as well as copies of all correspondence. It is not required, however, that a copy of the Social Data Record Card (Form CA 230) be retained in the institution record. Copies of the Application, Form CA 200A (Revised 1/46); Report of Investigation, Form CA 201A (Revised 3/46); Statement or Affidavit of Parent or Guardian of Children for whom Institution Files Application for ANC, Form CA 245A (Revised 3/46); and subsequent annual reports of reinvestigations shall be a part of the case record. (See Manual Sections 236-40, 236-50.)

E. REINVESTIGATION

In order that there will be assurance that children for whom ANC is being paid remain eligible to receive public funds, redetermination of their eligibility shall be made not less often than once annually. Reinvestigation is necessary at more frequent intervals in those cases where a change in the status of the parents, assets, or income, raises a question of continued eligibility. All documentary and supporting evidence, including the narrative history, must be reevaluated at the time of reinvestigation in accordance with the current rules and regulations of the SDSW and the Welfare & Institutions Code. The case record must show the steps taken by the institution to secure any additional required evidence establishing continued eligibility.

For current cases reinvestigations shall be due in the anniversary month of approval by the SDSW. The Application, Form CA 200A (Rev. 1/46), the Report of Investigation, Form CA 201A (Rev. 3/46) and the Affidavit or Statement of Parent or Guardian of Children for Whom Institution Files Application for ANC, Form CA 245A (Rev. 3/46) shall be used in connection with each reinvestigation. When the reinvestigation is completed, one copy of the Report of Reinvestigation, Form CA 201A, shall be submitted to SDSW to report completion of the reinvestigation. When the Report of Investigation (Form CA 201A) is used to report reinvestigation, the institutional worker shall check in the appropriate square to indicate a reinvestigation.

If, in cases filed under the former plan of administration, copies of documentary evidence were not retained in the institution files, the SDSW will, upon request, furnish the institution with photostatic copies of the original evidence in order that the institution files may be complete when reinvestigation is reported.

F. NUMBER OF FORMS SUBMITTED TO SDSW

CA 200A (Application)

1. Completed in triplicate in new cases. Original and one copy sent to SDSW (one copy retained in institution file).
2. Completed in single in reinvestigation. No copy sent to SDSW (the single form is retained in institution file).

CA 201A (Report of Investigation)

1. Completed in duplicate in new cases. One copy sent to SDSW (and one retained in institution file).

2. Completed in duplicate in reinvestigation. One copy sent to SDSW (and one retained in institution file).

G. BASIS FOR GRANT

Since the deletion of Sec. 1523 (see paragraph K, 1945 Legislative Revisions, in this bulletin) the law no longer regards as ineligible the child for whose specific support \$25 a month or more is being paid.

When the contribution of a parent, or other income for the specific support of a child is less than the per capita cost of care for the institution, the institution may request State reimbursement in the amount (not exceeding \$15) which is the difference between such income and the per capita cost.

Example: A child for whose support \$30 a month is being paid by his father, is receiving care in an institution in which the per capita cost of care is \$50 per month. Since there is a difference of \$20 between the \$50 per capita cost and the \$30 support from the father, the full \$15 State reimbursement may be claimed by the institution.

When a child is boarded outside the institution, the cost of such care to the institution is the governing factor.

Example: The cost for care (including charge for care, clothing, incidentals and a special need of \$8 per month for dental care) for a child in a boarding home, is \$58 per month. The mother is paying \$30 per month to the institution for the care of the child leaving a difference of \$28. Therefore, the institution may claim the full \$15 State reimbursement.

H. ELIGIBILITY ON FIRST OF MONTH

The child who is eligible on the first day of the month is entitled to receive aid for the full month, even though his status may change at some time during that month. Therefore, if the child receiving ANC is in the institution (and eligible) on the first of the month, the institution may claim aid for the full month. Exception: When there is a transfer to another agency entitled to ANC, the total amount of ANC to both agencies may not exceed \$15 for the month.

When the child is not in the institution on the first of the month but is received during the month, claim may be made for the portion of the month that the child is in the institution.

Reimbursement will be allowed for the full month during which the 18th birthday occurred. Exception: The child whose 18th birthday falls on the first day of the month is not eligible to receive ANC for that month.

I. CHILD RECEIVING TEMPORARY CARE IN A PUBLIC HOSPITAL

An institution may claim ANC for a child who leaves the institution for a temporary period to receive medical or surgical care in a county hospital. ANC may be claimed for two calendar months following the month during which the child is admitted to the hospital. If more than two calendar months have elapsed since the child was admitted, aid cannot be claimed beyond the two months' period.

J. NOTICE OF CHANGE

The Notice of Change (Form CA 232) is used to inform the SDSW of an increase, decrease, discontinuance or restoration of aid. (See Manual Sections 363-00, General Instructions, Notice of Change, ANC, 363-05 Recording on Top of Form of Section II of Notice of Change, ANC and 363-10 Discontinuance of Aid, Section II of Notice of Change.)

Section V of the Notice of Change requires the signature of the superintendent or other person authorized to represent the institution. For reporting restorations or discontinuances the Notice of Change is completed in triplicate, 2 copies being submitted to the SDSW and 1 copy retained in the institution file.

For reporting increases or decreases the Notice of Change is completed in duplicate, 1 copy being submitted to SDSW and 1 copy retained in institution file.

K. 1945 LEGISLATIVE REVISIONS

As a result of action by the 1945 regular session of the Legislature, certain changes have been made in the ANC law as follows:

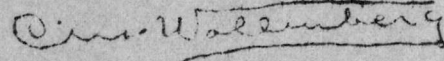
Section 1501 (d) (1) has been amended to read: "As used in this chapter a 'half-orphan' includes a child who has been deprived of the father's support or care by reason of his continued absence for a period of at least three years."

This amendment eliminates the requirement that the whereabouts of the father must be unknown or that a failure-to-provide warrant must be filed. The classification formerly known as the Whereabouts of Father Unknown Classification has therefore been obsoleted and the new classification will be known as the Absent Father (AF) Classification. (See Secs. 193-15, Classification of Half-Orphan, Absent Father (AF) and 235-45, Verification of Half-Orphan (Absent Father Classification) which set forth the new requirements.)

Section 1520.1 has been added. It provides that for purposes of ANC, the ownership of stock in a water company not appurtenant to the land, shall be considered real property to the extent of and in the amount necessary to obtain water for agricultural purposes.

Section 1523 has been repealed. A child for whose specific support the sum of \$25 or more per month is paid is no longer ineligible for ANC as a result of such specific support.

Very sincerely yours,



CHARLES M. WOLLENBERG, Director
Department of Social Welfare

SECTION II

MANUAL REFERENCES

PURPOSE AND GENERAL PROVISIONS

- Sec. 101-00 Chart of Certain Provisions of the W & I Code
- 101-03 Purpose and General Provisions of the Public Assistance Program, W & I Code.
- 102-10 Care of Children
- 102-70 Applications and Records Shall be Confidential.
- 102-80 Transportation of Needy Children Outside State.

AGE

- Sec. 105-20 Limitations on Age.
- 107-00 Age of Acceptable Age Evidence.
- 107-10 Conflicting Evidence of Age.
- 107-20 Year Only Given in Evidence.
- 107-30 Sources of Age Evidence.
- 107-40 Birth Certificate as Age Evidence.
- 107-51 Delayed Birth Certificates Secured through Court Action or Local or State Registrar
- 107-55 Baptismal Records as Age Evidence.
- 107-60 Church Records as Age Evidence.
- 107-75 School Records as Age Evidence.
- 108-25 Court Records as Age Evidence.
- 108-40 Insurance Policies as Age Evidence.
- 109-15 Physician's Records as Age Evidence.
- 109-25 Indian Agency Records as Age Evidence
- 109-30 Affidavit of Individual as Age Evidence.

RESIDENCE

- Sec. 120-00 Residence General.
- 120-05 Guides for Determining Whether Residence Established.
- 120-10 Residence - How Lost.
- 120-25 Effect of Dependency on Residence.
- 120-30 Residence of Married Woman.
- 120-35 Residence of Illegitimate Child.
- 121-00 State Residence - General.
- 121-20 State Residence - ANC.
- 121-40 Effect of Absence From State Prior to Application.
- 121-45 Evidence of Retaining State Residence During Physical Absence.
- 121-50 Effect of Absence While on State or U.S. Business.
- 121-55 Effect of Absence While on Private Business.
- 121-60 Effect of Absence From State While Incarcerated.
- 121-77 Effect of Absence With Intent to Establish Residence in Another State.
- 122-10 ANC Determination of County of Residence.
- 123-50 Loss of State Residence While in Receipt of Aid.
- 125-05 Residence ANC Child Application for Aid Filed by Institution.
- 129-05 Proof of State Residence.

REAL PROPERTY

- Sec. 130-00 Real Property Provisions of the W & I Code
- 130-25 Real Property vs. Personal Property.
- 131-00 Determination of Ownership of Real Property.
- 131-05 Ownership of Real Property.
- 131-06 Ownership of Real Property by Indians.
- 131-10 Ownership of Separate and Community Real Property.
- 131-15 Ownership of Combined and Community Real Property.
- 132-00 Limitation on Assessed Value of Real Property.
- 132-07 Determination of Value of Unassessed Real Property.
- 132-10 Assessed Value Not Affected by Tax Exemptions.
- 132-15 Assessed Value of Real Property Outside of State.
- 132-20 Real Property Outside U.S.
- 132-25 Increase or Decrease in Assessed Value of Real Property.
- 132-30 Determination of Assessed Value of Real Property.
- 132-41 Value of Real Property Held in Trust.
- 132-46 Joint Tenancy or Tenancy in Common.
- 132-51 Remainderman's Interest.
- 132-52 Undistributed Estates.
- 132-54 Real Property Bought or Sold Under Contract of Sale (Title Not Passing)
- 132-55 Real Property Bought or Sold Under Mortgage or Deed of Trust.
- 132-56 Real Property Lost Through Foreclosure.
- 132-58 Real Property Held in Escrow.
- 134-00 Purchase of Real Property.
- 134-10 Real Property Sold by Recipient.
- 134-15 Acquisition of Real Property by Exchange.
- 134-30 Acquisition of Real Property by Gift.
- 135-00 Transfer of Real Property to Qualify for Aid.
- 135-25 Duration of Ineligibility Due to Transfer of Property to Qualify for Aid.
- 135-40 Real Property Search. (See Section I - B of this bulletin.)

This section, as it applies to institutions filing applications with the SDSW, is modified to provide: The names and localities in which property searches are made will be determined by the facts in each case as revealed by the investigation, except that, in the case in which a child is relinquished for adoption and the parent declared no real property on Form CA 245, a routine property search is not required. The investigation shall include a follow-up of any statements or information obtained regarding the possibility of property ownership, including the existence of an estate. If the parent or parents are living, a search shall always be made in their names in the county where they are living at the time of application or in any other county which may be indicated by the investigation. A search in the names of the children also shall be made if the investigation reveals any possibility of property ownership in their names. When the children are whole orphans, the property search shall be made in the name of the children in the localities suggested by the investigation.

- 135-60 Investigation Required of Transfer of Property.
- 135-70 Determination of Reason for Voluntary Transfer of Property.
- 135-72 Transfer of Real Property for Fair Consideration.
- 135-75 Transfer of Real Property When Foreclosure Imminent.
- 135-80 Transfer of Real Property with Reservation of Life Estate Interest.

REAL PROPERTY (Continued)

- Sec. 135-85 Transfer of Real Property to Satisfy Debt.
- 135-90 Discovery After Aid Granted of Transfer of Real Property.
- 136-10 Recipient's Responsibility in Transferring Property.
- 138-00 Excess Assets in Real Property.
- 139-00 Liens on Real Property.

PERSONAL PROPERTY

- Sec. 140-00 Provisions of the W & I Code Regarding Personal Property.
- 141-05 Types of Personal Property.
- 141-10 Ownership of Personal Property Defined.
- 141-15 Determination of Ownership of Personal Property.
- 142-10 Limitations on Personal Property.
- 142-25 Change in Value of Personal Property.
- 143-05 Determination of Value of Personal Property.
- 143-15 Encumbrances on Personal Property.
- 143-20 Determination of the Value of Personal Property in Another County or State.
- 143-25 Determination of Value of Personal Property in Another Country.
- 143-35 Determination of Value of Cash on Hand and in Safe Deposit Boxes.
- 143-37 Determination of Value of Bank and Postal Savings Accounts.
- 143-40 Determination of Value of Building and Loan Accounts.
- 143-45 Determination of Value of Notes, Mortgages, and Deeds of Trust.
- 143-55 Determination of Value of Stocks and Bonds.
- 143-57 Determination of Ownership of War Bonds When co-Owner Named.
- 143-82 Definitions of Insurance Terms.
- 143-87 Effect of Loans Against Insurance.
- 143-88 Insurance Adjustments.
- 143-89 Verification of Insurance.
- 143-95 Leases as Personal Property.
- 144-08 Determination of Value of Trust Funds.
- 144-10 Determination of Personal Property Value of Undistributed Estates.
- 144-15 Determination of Value of Frozen Assets.
- 145-05 Personal Property Acquired by Gift.
- 145-10 Personal Property Acquired by Inheritance.
- 146-00 Conversion of Property.
- 146-05 Judgments and Compensation as Personal Property.
- 146-10 Transfer or Assignment of Personal Property.
- 146-15 Property in Escrow.
- 147-00 Excess Assets in Personal Property.

INCOME

- Sec. 151-10 Definition of Income in ANC.
- 151-20 Definition of Resource.
- 151-60 Income From Annuities, Pensions, Compensation, Trust Funds, Etc.
- 151-65 Income From Servicemen's Dependents Allowance Act.
- 151-90 Income From Crops or Livestock.
- 152-00 Net Income From Real Property.
- 152-20 Income From Personal Property.
- 152-40 Loans as Income.
- 153-00 Income in Kind in ANC.
- 153-40 Income From Court Orders.
- 153-50 Allotments From Inmates of Penal Institutions.
- 153-70 Income From Private Agencies or Other Sources.

AMOUNT OF GRANT

- Sec. 158-30 Determination of Amount of Grant for Children in Boarding Homes or Institutions.

INSTITUTION INMATES

- Sec. 160-00 Provisions of W & I Code Regarding Institution Inmates.
161-05 Definition of Public Institution.
162-00 Eligibility of Public Institution Inmates.
163-10 Eligibility of Private Institution Inmates.
163-20 Home Offered Private Institution Inmates.

RELATIVES

- Sec. 170-00 Relatives, Statutory Provisions
171-00 Definition of Responsible Relatives.
171-20 Responsibility of Parents for Children.
171-30 Responsibility of Children for Parents.
171-40 Rights and Privileges of Parents of Minor Children.
172-10 Investigation of Responsible Relatives Within State, ANC.
172-15 Determination Regarding Contributions From Out of State Responsible Relatives.

CLASSIFICATION

All sections applicable.

APPLICATIONS

- Sec. 200-00 Provisions of W & I Code Regarding Applications, Reapplications and Restorations.
210-05 Right to Make Reapplication.
215-00 Restoration of Aid.

INVESTIGATION AND DECISION

- Sec. 230-00 Provisions of the W & I Code Regarding Investigation and Decision
230-20 Definition of Investigation and Decision.
230-25 Scope and Method of Investigation.
230-35 Authorization and Consent for Investigation.
230-40 Social Service Exchange.
230-45 Evaluation of Evidence.
231-05 Verification of Age and Birth.
232-10 Affidavit Regarding Residence of Applicant.
233-00 Verification of Real and Personal Property.
233-25 Verification of Income.
233-30 Verification of Unemployment Insurance.
233-35 Verification of OASI.
233-40 Verification of Family Allowances for Dependents of Servicemen.
233-45 Verification of Railroad Retirement, Annuities, or Benefits.
234-05 Relatives' Ability to Support.
234-25 Purpose of Verification of Divorce.
235-35 Verification in Whole Orphan and Foundling Classification.
235-40 Verification of Half Orphan, Parent Deceased or Presumptive Death Established.
235-45 Verification of Half Orphan, Absent Father Classification

INVESTIGATION AND DECISION (Continued)

- Sec. 235-50 Verification of Half-Orphan. Dependent Illegitimate Classification.
- 235-55 Verification of Half-Orphan. Parent Committed to Institution Classification.
- 235-60 Verification of Half-Orphan, Adopted by One Person.
- 235-65 Verification in Abandonment Classification.
- 235-70 Verification in T.B. Father Classification.
- 235-75 Verification of Incapacitated Father Classification.
- 235-80 Verification of Condition of T.B. Person in Home.
- 235-95 Investigation of Transportation of Needy Children Outside State.
- 236-10 Instructions for Summary of Information from Review of Documentary Evidence.
- 236-50 The Topical Outline in ANC Recording.

SOCIAL DATA RECORD

- Sec. 285-00 Purpose, Collection of Social Data Record Cards.
- 286-00 Submission of Social Data Record Cards.
- 286-05 Instructions on Social Data Record Cards.
- 287-05 Race
- 287-10 Date of Birth.
- 287-15 Place of Birth
- 287-20 Total Years in California.
- 287-25 Place Where Last Spent One Year Prior to Coming to California.
- 287-30 Was Case Receiving Public Assistance From Another State During the Last 12 Months While Living in California.
- 287-35 Present Marital Status.
- 288-25 Living Arrangement of Child.
- 288-30 Reason for Deprivation of Parental Support.
- 288-35 Date of Occurrence.
- 288-55 Sources of Support of Needy Children During Past 12 Months.

CONTINUING SERVICES

- Sec. 350-15 Reinvestigation in ANC.
- 351-00 Responsibility for Reinvestigation.
- 351-05 Date of Reinvestigation.
- 351-10 Requirements of Reinvestigation.
- 351-15 Reinvestigation of Real Property.
- 351-20 Reinvestigation of Personal Property.
- 351-25 Reinvestigation of Income.
- 351-30 Reinvestigation of Relatives.
- 351-35 Reinvestigation of Living Arrangements.
- 351-60 Reinvestigation of Classification.
- 353-00 Other Reinvestigations.
- 363-00 General Institutions, Notice of Change, ANC.
- 363-05 Recording on Top of Form of Section I of Notice of Change, ANC.
- 363-10 Discontinuance of Aid, Sec. II of Notice of Change.
- 365-99 Forms Used in Changes of Aid.

FINANCIAL PROCEDURES

- Sec. 655-00 Method of Claiming Reimbursement of Aid.
- 655-10 Forms Used in Institutional Aid Claims.
- 655-20 Submission of Institutional Aid Claims.
- 655-30 Supplemental Institutional Aid Claims.
- 655-40 Identification on Institutional Aid Claims.
- 655-50 Partial Month Claims.
- 655-70 Audit and Payment of Institutional Aid Claims.
- 655-80 Institutional Aid Claim Correction.
- 655-99 Institutional Aid Claim Forms.

THE APPLICATION, FORM CA 200A

GENERAL INSTRUCTIONS

A Form CA 200A shall be completed for all children of one family. If ANC is requested for children who have a common parent, e.g., half brother and sister, separate applications shall be completed.

Form CA 200A shall be completed in triplicate. The original and one copy shall be forwarded to the SDSW and one copy retained in the institution file. One copy of the Form CA 200A showing action by the State Department of Social Welfare, beginning date of aid, amount of aid, and State number, will be returned to the institutions. (See instructions under paragraph "F", Section I)

INSTRUCTIONS FOR COMPLETION OF FORM CA 200A

Upper right hand corner. The State number is inserted after the SDSW has authorized reimbursement and assigned a number to the case. Institution File No.: Insert the institution file number assigned to the case. Former State number if reapplication or additional child: When a State number has been previously assigned, this number should be inserted below the institution number. When aid is requested for an additional child of the same family group already receiving aid, the State number for the family should be inserted.

The name and address of the institution should be shown where indicated.

The name of the superintendent or other person authorized to represent the institution who is making application shall be entered in the space provided.

1. Enter surname and given name for each child of the same parents for whom ANC is requested.

2A. Enter father's surname and given name.

2B. Enter mother's surname, maiden name, and given name.

Statements 3, 4, and 5 on the application provide a basis for the institution to secure information and start investigation regarding classification, residence, and need. The sub-category under each heading need not be designated.

The foregoing portion of the application should be completed, signed, and dated by the institutional representative as soon as it is reasonably certain that the child or children qualify for ANC. This is important since the date on which this action is taken is considered the date of application for the purpose of determining the beginning date of aid as set forth in Section 1558 of the W. & I. Code.

As explained on the application form, the affirmation of eligibility, amount of aid, and beginning date of aid are to be completed only after eligibility has been established by investigation and the results of such investigation are recorded on the Report of Investigation, Form CA 201A.

Purpose of Report of Investigation

The Report of Investigation is the institution's statement to the SDSW reporting that initial eligibility has been established or reinvestigation has been made. When this form is submitted in the new case, it shall accompany each Form CA 200A (Application for Aid to Needy Children). (See instructions under paragraph "F", Section I regarding number of forms to be sent to SDSW)

General Instructions

Only verified data shall be recorded in the left hand column under "Eligibility Requirements." Information not substantiated by proof on file in the case record should not be recorded.

Top of Form

Check in the appropriate square to indicate whether the Report of Investigation covers an initial investigation or a reinvestigation.
Enter name of Institution, Institution number and State number if known.
The evidence described in the right hand column under "How Verified" must support the verified data shown in the left hand column. Brief, concise statements are desired. Complete sentences are not necessary, provided the verified data are clearly set forth.

1A. Parentage

- 1A (1) Record father's full name,
- 1A (2) Record mother's surname, maiden name and given name.

1B. Parentage - How Verified

Record nature of evidence verifying parentage. This is usually the parents' marriage certificate. If verified by affidavit, report contents. (See Manual Section 191-10 Determination of Parentage, for other types of parentage evidence.) In Illegitimate Classification, the birth certificate establishes maternity. In Foundling Classification enter "See 2B."

Examples:

Example a: 1D. Parentage - How Verified
Cert. cpy. marriage ctf. 4/19/27.

Example b: 1D. Parentage - How Verified.
Aff. both parents acknowledging parentage 4/15/46.

Example c: 1D. Parentage - How Verified. (Dependent Illeg. Child)
Cert. cpy. Bth. Ctf.

2A. Classification

Record by appropriate abbreviations classification under which child is eligible. (See Manual Sec. 190-00, Chart Defining Classification of Needy Children.)

W.O. Orphan
H.O. Half Orphan
A.F. Absent Father
Illeg. Dependent illegitimate child

P.C.I. Parent committed to Institution
C.I.F. Incapacitated father
T.B.F. Tuberculous father
Abd. Abandoned child
Fdlg. Foundling

2B. Classification -- How Verified

Record nature of documentary evidence establishing status of parent or parents. (See Manual Chapter 190, Classification, for acceptable proof of classification, especially Sections 191-10 to 196-20.) Additional specific information is required under Item 8 of the Report of Investigation when ANC is requested under the following classifications: Dependent Illegitimate Child (Illeg.); Abandoned (Abd.); Foundling (Fdlg.); Absent Father (AF)

W.O. Classification evidence shall include evidence of death of both parents and the date or dates of death.

Example:

2A. Classification
WO

2B. Classification - How Verified
Cert. Cpy. mo's. dth. ctf. 5/19/43
Aff. phys. attndg. fa. at dth. 12/15/34

H.O. Classification evidence shall include evidence of death of one parent, date of death or of court order of presumptive death.

Example:

2A. Classification
H.O.

2B. Classification - How Verified
Ct. order presump. dth. of father 5/9/32

AF Classification evidence shall include that listed in Manual Sec. 193-15 (Classification of Half Orphan, Absent Father). Record: 1) that the required Form CA 220 Rev. July 1945 (Affidavit Concerning Father's Absence) is on file, 2) by whom signed (mother or person in loco parentis), 3) date it was signed, 4) date that father's continued absence began, 5) date that father last provided full support, and 6) in foster home cases (when mother is not maintaining a home) institution's statement that father is not maintaining a home at time of application.

Example: When mother maintaining a home

2A Classification
AF

2B Classification -- How Verified
CA 220 by mth. 9/6/46 on file.
Fth's cont'd absence began 10/8/41.
Fth has not fully supported since
12/5/41.

Example: When children receiving foster care (and mother not maintaining a home)

2A Classification
AF

2B Classification--How Verified
CA 220 by grmo. 11/15/45 on file.
Fath's cont'd absence began 3/16/42.
Fth has not fully supported since
10/25/42. Invest. shows fth not main-
taining a home.

Illegitimate Classification evidence shall include evidence used to determine that paternity has not been acknowledged or legally established. This varies with the circumstances in individual cases but shall include answers to questions under Item 8A of the Report of Investigation, as well as affidavits or statements secured regarding the birth and paternity of the child. Content of affidavit should be shown.

Example a:

2A. Classification
Illeg.

2B. Classification - How Verified. Affd.
of all. fa. denying pat. 1/10/43. See
Item 8A.

Example b:

2A. Classification
Illeg.

2B. Classification - How Verified.
Mo. mentally deficient and promiscuous.
Identity all. fa. cannot be determined.
See Item 8A.

P.C.I. Classification evidence shall include verification of parent's commitment, type of institution, and request for notification of change of status and date of commitment.

Example:

2A. Classification
P.C.I.

2B. Classification - How Verified
Letter from Agnews 5/25/43 Fa. comm.
8/4/40 Inst. to be notified of chg.
of stat.

C.I.F. Classification evidence shall include Report by Physician (Form CA 240) and date of examination establishing permanent incapacity.

Example:

2A. Classification
C.I.F.

2B. Classification - How Verified
CA 240, 4/24/46

T.B.F. Classification evidence shall include Report on Tuberculous Father (Form CA 242) and if father is in a hospital or sanitarium verification of date of admission and request for notification of release.

Example:

2A. Classification
T.B.F.

2B. Classification - How Verified
CA 242, 5/10/46. Letter 5/16/46 verif.
hosp. fa. 5/2/46, Inst. to be notified
of release.

Abd. Classification evidence shall include court order declaring child abandoned or history of abandonment, date of court order, and specific information required under Item 8C of Report of Investigation.

Example a:

2A. Classification
Abd.

2B. Classification - How Verified
Ct. order of Abandonment 10/12/45

Example b:

2A. Classification
Abd.

2B. Classification - How Verified
See "Item 8C"

Fdlg. Classification evidence shall include affidavit of person who found child and date of finding of child, if available, and information required

under Item 8D of Report of Investigation.

Example:

2A. Classification
Fdlg.

2B. Classification - How Verified
Affd. of Anna Jones, 2/8/46. See
"Item 8D"

3A. Age

Record each child's given name and opposite each name show verified birthdate.

3B. Age - How Verified

Record nature of evidence verifying birth date.

Example:

3A. Age

3B. Age - How Verified

<u>Given Name</u>	<u>Birth Date</u>
Mary	2/9/31
Robert	6/11/35

Cert. cpy. Bap. Ctf.
Cert. cpy. Birth Ctf.

4A. State Residence

Unless state residence differs for any of the children, indicate all children by name of first child followed by "et al." Opposite the names of the children, show how state residence was established (i.e. by birth, by parents' residence, or by physical presence of child). (See Manual Chapter 120 Residence.)

4B. State Residence - How Verified

Record nature of evidence verifying state residence. Indicate period of residence verified by documents. When birth evidence as recorded under 3B shows birth in California, make cross reference to 3B.

Example:

4A. State Residence.

4B. State Residence - How Verified

<u>Name of child</u>	<u>How Established</u>
Mary	Physical Presence Form CA 221
Robert	Birth See 3B.

5A. Real Property

Record in spaces provided verified total assessed value of all combined real property owned by parent, parents, and/or child or children.

5B. Real Property - How Verified

Record nature of evidence verifying total assessed value of real property and date of property search of assessor's records.

Example:

5A. Real Property
Total Assessed value \$750

5B. Real Property - How Verified
Search Co. Assessor's records 3/5/46.

6A. Personal Property

Record in appropriate spaces:

1. Verified cash surrender value of insurance policies in names of parent, parents, and/or child or children. (If face value of insurance policies is used in determining their value, include face value in total of cash and securities; see Manual Section 143-89 Verification of Insurance.)
2. Amount of cash owned by parent, parents, and/or child or children.
3. Market value of other securities owned by parent, parents, and/or child or children.

If investigation indicates that parent, parents and/or child or children own no personal property, record "None."

6B. Personal Property - How Verified

1. Record opposite corresponding item (1) nature of evidence verifying cash surrender value of insurance policies in names of parent, parents, and/or child or children; if face value of insurance policies is used in determining value of insurance, indicate by "F.V."
2. Record nature of evidence verifying amount of cash owned by parent, parents, and/or child or children.
3. Record nature of evidence verifying market value of other securities owned by parent, parents, and/or child or children. If the parent or parents declare no personal property, the investigation discloses none and the parent's signed consent authorizing investigation (CA 228) is on file, record: "Declared none, signed Form CA 228 on file."

Example a:

6A. Personal Property

Cash surrender value of insurance	\$175
Cash	100
Market value of other securities	32
Total	\$307

6B. Personal Property - How Verified

Let. Met. Life Ins. Co. 3/11/46
Bank clearance 3/18/46
Let. Dunn & Bradstreet 3/6/46

Example b:

6A. Personal Property

Cash surrender value of insurance	\$100
Cash	none
Market value of other securities	none
Total	\$100

6B. Personal Property - How Verified

F. V. Insurance policy
Parent declared none. Signed CA 228 on file.

7A. Support of Child/Children

Report under 7A (1) amount parent is contributing for board and care of child or children. Specify under 7A (2) if the parent is contributing for children's clothing and/or for other special needs. Under 7A (3) record income to child or children other than from parent or parents.

7B. Support of Child or Children - How Verified

Record opposite corresponding item.

1. Nature of evidence verifying parents' ability to contribute. Where Form CA 245A (Statement or Affidavit of Parent or Guardian of Children for Whom Institution Files Application for ANC), Revised March 1945, is the basis for the determination, record the form number and the date of signature.
2. a. Record method of determining parents' agreement to contribute, that is by letter or interview.
b. Nature of evidence verifying parents' contribution other than board and care.
3. Nature of evidence verifying other income to child or children.

Example:

7A. Support of Child or Children

7B. Support of Child or Children -
How Verified

1. Parent able to contribute

Yes X No

Form CA 245A signed 3/5/46

2. Agreement to contribute

a. Board and care \$10.00

Interview with mo. 3/5/46

b. Other - Specify 5.00 per
month - clothing

Interview with mo. 3/5/46

3. Other income - OASI 8.72

Award letter Soc. Sec. Bd.
3/4/46 (O.A.S.I.)

8. Complete pertinent section when ANC is requested under Illegitimate, AF, Abd., or Foundling Classification.

- A. (1) Indicate whether court action was taken to determine paternity.
If answer is "Yes" indicate whether man was determined to be father.
- A. (2) If alleged father was contacted by your agency, indicate whether by letter or interview and whether he acknowledged or denied paternity. The third question under this item is to be answered only when the alleged father refused to make a statement, that is, refused to acknowledge or deny the allegation of paternity against him.
- A. (3) If the alleged father was not located, list sources used in efforts to locate him. See Manual Section 235-45 for suggested sources.
- A. (4) (a) Indicate whether the alleged father made a statement regarding paternity to a person other than the mother or your representative, and whether he acknowledged or denied paternity to that person.
(b) Since public acknowledgment may be either the sworn statement of a third person or a public record, enter under this item all public or agency records reviewed to determine that paternity has not been acknowledged.

B. Absent Father

(See Manual Sections 193-15, Classification of Half Orphan, Absent Father, 235-45 Verification of Half Orphan, Absent Father Classification for suggested sources.)

C. Abandoned

When there has been no court action declaring child/children abandoned by both parents: 1. list names and addresses of relatives interviewed; 2. give brief statement concerning the circumstances of the parent's absence; 3. list sources used in efforts to locate parents. (See Manual Section 235-45 Verification of Half Orphan, Absent Father Classification for suggested sources.)

D. Foundling

Give brief resume of efforts made to identify the child.

Signature of institution worker and name of institution are entered on Form CA 201A upon completion of investigation. Signature shall be original or facsimile signature. Date is date of signing report.

REPORT OF INVESTIGATION
Aid to Needy Children☐ Initial Investigation
☐ Reinvestigation

Name of Institution

Institution No.

State No.

ELIGIBILITY REQUIREMENTSHOW VERIFIED1A. Parentage

(1) Name of Father:

(2) Full Name of Mother:

Surname

Maiden

Given

1B. Parentage2A. Classification:2B. Classification:3A. Age:

Given Names of Children Birthdate

3B. Age:4A. State Residence:

Name of Children How Established

4B. State Residence:5A. Real Property-Parent(s) & or Child(ren)
Total Assessed Value

5B. Real Property-Parent(s) & or Child(ren)

6A. Personal Property - Parent(s) & or
Child(ren)Cash surrender value of
insurance

\$

Cash

\$

Market value of other
securities

\$

Total

\$

6B. Personal Property - Parent(s) & or
Child(ren)7 A. Support of Child/Children(1) Payment for board and
care

\$

(2) Other (specify)

\$

(3) Other income to
children

\$

7B. Support of Child/Children-How Verified

8. Complete pertinent section when ANC granted under Illegitimate, A.F., Abd, or Foundling Classification.

A. DEPENDENT ILLEGITIMATE CHILD

- (1) Was court action taken to determine paternity? Yes ☐ No ☐
If so, was man determined to be father? Yes ☐ No ☐
- (2) Was alleged father contacted by letter ☐ or by interview ☐?
Did he acknowledge paternity? Yes ☐ No ☐
Did he deny paternity? Yes ☐ No ☐
Did he refuse to make a statement regarding paternity? ☐
- (3) If alleged father was not located indicate sources used in effort to locate him: _____

- (4) (a) Did alleged father make a statement regarding paternity to a third person other than your representative or the mother of child?
Yes ☐ No ☐

Did he deny paternity to a third person? Yes ☐ No ☐
Did he acknowledge paternity to third person? Yes ☐ No ☐
- (b) List other agency records reviewed to determine whether paternity was acknowledged: _____

B. ABSENT FATHER

If absent father's present whereabouts are not known, report efforts made to locate him as per Manual Sections 193-15 and 235-45. _____

C. ABANDONED

When there has been no court action declaring child(ren) abandoned by both parents:

- (1) Give names and addresses of relatives interviewed: _____

- (2) Record briefly, the circumstances of parents' absence: _____

- (3) List sources used in effort to locate parents: _____

D. FOUNDLING

Give brief resume of efforts made to identify the child: _____

Signature of Institution Worker

Date

STATEMENT OR A DAVID OF PARENT OR GUARDIAN OF CHILDREN FOR WHOM
IN INSTITUTION FILES APPLICATION FOR A 3.

I, _____, _____, residing at
Parent or Guardian Relationship of Child(ren)
_____, hereby certify that, to the best of my knowledge
Address of Parent or Guardian
and belief _____, residing at _____
Name of Child(ren) Name of Institution
is/are eligible to A.N.C. to wit:

(If form is used by guardian, complete 1, 2, and 3 below, and leave items 4 and 5 blank.)

1. Child(ren) and/or parent(s) own real property with assessed valuation of \$ _____
2. Child(ren) and/or parent(s) own cash and/or securities totaling. . . . \$ _____
A. Cash (including savings) \$ _____
B. Insurance (cash surrender value) \$ _____
C. Other negotiable securities. \$ _____
3. Child(ren) have monthly income of \$ _____ from _____
Source - other than from parent

4. I have a monthly income of:
A. Earnings \$ _____
(Gross earnings less involuntary) Name of Employer
(deductions by employer or U.S. Gov.)
B. Other income \$ _____
Source
C. Total income \$ _____

5. My monthly expenses and obligations are:
(If parent pays board and room, leave blank all items above "E".)
A. Food \$ _____
B. Rent \$ _____
C. Utilities. \$ _____
D. Household operation. \$ _____
E. Payments on property:
Principle & interest \$ _____ Assessments \$ _____
Taxes (monthly aver.) \$ _____ Upkeep \$ _____
Total of "E" \$ _____
F. Board and room (for self). \$ _____
G. Clothing (for self). \$ _____
H. Incidentals and personal needs \$ _____
I. Transportation \$ _____
J. Insurance premiums \$ _____
K. Other _____ \$ _____
Specify
L. Payments on debts: _____ \$ _____
Specify
_____ \$ _____
Total of "L" \$ _____
M. Total expenses (other than for children) \$ _____

6. Difference between income and expenses (4 "C" minus 5 "M"). \$ _____
7. Statement of expenses for children for whom application is made. _____
(Indicate if under court order to pay _____ \$ _____)
Yes No Amount
1. Payments for board and care \$ _____
2. Other:
Specify (clothing, dental, etc.)
_____ \$ _____
_____ \$ _____
Total of 1 and 2 \$ _____

I do solemnly swear or affirm that the statements made herein are true and correct to the best of my knowledge and belief, and that I will notify the institutional authorities of any change in real or personal property of the child(ren) and/or parent(s), change in their financial conditions and of change in address.

Signature of parent or guardian
Subscribed and sworn to before me this _____ day of _____, 19____.
Name _____
Signature of person authorized to acknowledge an affidavit Title
OR
Witnessed by Institution Representative this _____ day of _____, 19____.
Name _____
Signature of Institution Representative Title

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Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG

DIRECTOR

Sacramento 14
May 2, 1946

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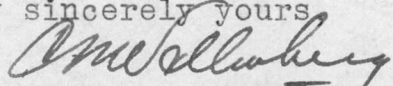
My dear Mr. Jordan:

Attached are three copies of the following regulations made
by the State Department of Social Welfare.

DIVISION OF CHILD WELFARE MEMO NO. 40 (REVISED)

These regulations are filed in accordance with Section 11381
of the Government Code, Chapter 1334, Statutes of 1945.

Very sincerely yours


CHARLES M. WOLLENBERG, Director
Department of Social Welfare

63:b5
Attachment

Certified as a Regulation 'or as
Regulations) of the

Dept of Social Welfare
(Name of State Agency)

M. Wallenberg
(Signature)

Director
(Title)

May 2, 1946
(Date)

Authority W+DC 121, 1620, 1621, 2300, 2301
STATE DEPARTMENT OF SOCIAL WELFARE
Office Memorandum

From: Division of Child Welfare

Place and Date: Sacramento
May 1, 1946

Subject: Approval of Building Plans for
Institutions for Aged and
Children

Division of Child Welfare Memo No. 40 (Revised)

This will rescind Division of Child Welfare Memorandum No. 40, issued November 8, 1944.

Under Section 121 of the Welfare and Institutions Code those facilities under the licensing jurisdiction of the State Department of Social Welfare which house recipients of State aid, are required to submit blueprints of building plans for approval for new buildings, or additions to existing buildings.

Sections 1621 and 2301 give to the State Department of Social Welfare authority to make rules and regulations for the performance of any service, or government of any institution, under Sections 1620 and 2300. Therefore, under these sections institutions are required to submit building plans for alterations to existing buildings and building plans for new buildings, to the State Department of Social Welfare.

Consultant service shall be given institutions in terms of not only the suggested plans of the institution but also in terms of preferable plans in view of the contemplated function of the institution in question, and modern trends in care, whether it be for aged persons or children. To be effective, consultant service should precede the actual submission of the blueprints of the final building plans.

Procedure:

The following steps are to be followed though not necessarily in the sequence given:

1. For new buildings and additions or changes to existing buildings, four copies of the blueprints shall be submitted to the district office of the State Department of Social Welfare.
2. Institutions may be asked to secure assurance of conformity with local health, safety and zoning ordinances before submission of blueprints, or this may be secured by the State staff.
3. Review of the plans for approval from a social viewpoint, shall be made by the State Department of Social Welfare staff in the district office.
4. The four copies of the building plans shall be transmitted to the local office of the State Fire Marshal for approval.
5. Three sets shall be returned to the district office of the State Department of Social Welfare by the State Fire Marshal with either a stamp of approval or notification in writing to the State Department of Social Welfare as to the reason why approval can not be given, and suggested changes.

6. Three sets of plans, after steps 1, 2, 3, 4, and 5 have been completed, shall be forwarded to the Division of Child Welfare with recommendation for approval or disapproval.

7. After review, the stamp of approval shall be affixed by the Division of Child Welfare in Sacramento, and the three sets of plans returned to the district office.

8. Two sets of the plans shall be returned to the institution with explanation that one set should be filed in the local office where building permits for the local community are issued.

9. When the building has been completed and the remaining set of plans is no longer needed in the district office, it shall be returned for filing in the Division of Child Welfare.

Guides for Preparing Plans:

Where the operator is submitting plans for a new building, or for major alterations in existing ones, these guides should be followed in preparing blueprints.

1. The architect drawing up plans should follow the provisions of the Uniform Building Code.

2. Plans submitted should include a plot plan to scale showing the location of the proposed building, other property located within fifty feet, the nearest property line, the street intersection, and any pertinent information which would assist in locating the proposed building on the property.

3. Blueprints should include a complete floor plan of the proposed building, indicating all exit facilities such as stairways, ramps and doors. The direction of the swing of doors, width of corridors, and width of doors and windows should be shown.

4. If heating equipment is to be installed in the basement, a detailed plan of this area with the type of equipment to be used, method of venting, and type of fuel is necessary. In all instances the location of the heating equipment and first aid fire-fighting equipment should be indicated in the plans.

5. A brief, concise statement on the face of the blueprints is needed to describe general building construction specifications. For example: Exterior walls, one hour metal lath and stucco; interior walls, metal lath and 3/4" plaster; floors, concrete slab; roof, Class C asbestos shingles, etc.

Where Plans Not Required:

Where the operator desires to make minor alterations in existing buildings, plans need not be submitted to the State Department of Social Welfare for approval.

Where the operator desires to make minor alterations in building plans which have already been approved by this Department, these need not be submitted to the State Department of Social Welfare for approval again.

However, in both instances, operators should notify this Department of changes to be made in order that there may be an opportunity to decide whether or not these are of a minor nature.

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Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG
DIRECTOR

Sacramento 14
May 28, 1946

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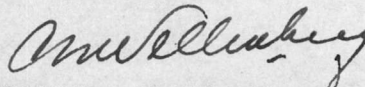
Dear Mr. Jordan:

Attached are three copies of the following regulations made
by the State Department of Social Welfare.

DIVISION OF CHILD WELFARE MEMO NO. 71

These regulations are filed in accordance with Section 11381
of the Government Code, Chapter 1334, Statutes of 1945.

Very sincerely yours,



CHARLES M. WOLLENBERG, Director
Department of Social Welfare

63:b5
Attachment

Certified as a Regulation (or as
Regulations) of the

Social Welfare
(Name of State Agency)

W. H. H. H.
(Signature)

Director
(Title)

5/28/46
(Date)

112
W + 2 C, 115, 116, 1620, 1621

STATE DEPARTMENT OF SOCIAL WELFARE
Office Memorandum

From: Lucile Kennedy

Place and Date: Sacramento
May 9, 1946

Subject: Parent-Child Homes

Division of Child Welfare Memo No. 71

The instructions contained herein supplement S.D.S.W.
Regulation Boarding Homes No. 15.

Standards for Parent-Child Institutions

The Standards for Parent-Child Homes in California,
approved by the Social Welfare Board in January, 1945, are to
be used in inspecting and licensing parent-child institutions.

Indexing

Parent-child boarding homes carried by the State Depart-
ment of Social Welfare shall be indexed as BHC-P. (No instruc-
tions are being given to accredited agencies regarding indexing
of parent-child boarding homes.)

Parent-child institutions shall be indexed as CI-P.

Statistics

Parent-child boarding homes shall be reported on Form
BHC 41, Monthly Statistical Report on Licensing of Boarding Homes
for Children.

Parent-child institutions shall be reported on Form Gen
M122, Monthly Statistical Form (used for institutions and child
placing agencies).

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Earl Warren
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Sacramento 14
May 28, 1946

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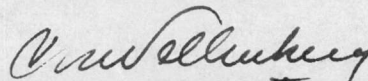
Dear Mr. Jordan:

Attached are three copies of the following regulations
made by the State Department of Social Welfare.

S.D.S.W. REGULATION BOARDING HOMES NO. 15

These regulations are filed in accordance with Section 11381
of the Government Code, Chapter 1334, Statutes of 1945.

Very sincerely yours,



CHARLES M. WOLLENBERG, Director
Department of Social Welfare

63:B5
Attachment

Certified as regulation (or as
Regulations) on the

Social Welfare
(Name of State Agency)

W. S. Selby
(Signature)

Director
(Title)

5/28/46
(Date)

WJDC 115, 1620, 1621, 1622

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STATE OF CALIFORNIA

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DIRECTOR

Sacramento

May 9, 1946

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S.D.S.W. REGULATION BOARDING HOMES NO. 15

IN REPLY PLEASE REFER
TO:

TO: ACCREDITED AND INSPECTION AGENCIES
CHILD PLACING AGENCIES

COUNTY WELFARE DEPARTMENTS (Los Angeles, San Francisco, Butte, Placer,
Sacramento, San Joaquin, Alameda, Monterey)

COUNTY BOARDS OF SUPERVISORS (Excluding Butte, Placer, Sacramento, San Joaquin,
COUNTY AUDITORS (Alameda, Monterey)

Subject: Parent-Child Homes

S.D.S.W. Regulation Boarding Homes No. 6 is hereby rescinded.

Definition of Parent-Child Home

A parent-child home offers board and room, or room only, to parents with their children, including as a clearly defined part of the service offered, care and supervision of the children while the parent is away, either at work or elsewhere.

Classifications of Parent-Child Homes

Heretofore parent-child homes have been designated as "small parent-child homes" and "large parent-child homes," and all have been classified as boarding homes. Small parent-child homes were those having not more than four children, counting the foster mother's own children under sixteen years of age, nor more than three family units, counting the foster mother's own family unit.

Effective immediately, parent-child homes are to be segregated into two classifications: the parent-child boarding home, and the parent-child institution.

Parent-child boarding homes may not accommodate more than six children under sixteen years of age, including the foster mother's own children, nor more than four family units, including the foster mother's own family. Employees and their children in residence (e.g., housekeeper and child) are to be included in the count of children and family units.

Larger parent-child homes will be classified as institutions. Regardless of size, a parent-child home may be classified as an institution if it does not have the characteristics of a family home and is chiefly institutional in character.

Delegation to Accredited and Inspection Agencies

As stated in S.D.S.W. Regulation Boarding Homes No. 14, issued 3/25/46, only those family type parent-child homes will be delegated which have no more than six children under sixteen years of age nor more than four family units, counting the foster mother's own children and the foster mother's own family.

Direct responsibility for licensing parent-child institutions will be retained by the State Department of Social Welfare.

Standards for Parent-Child Boarding Homes

The Standards for Foster Home Care for Children, revised April, 1945, and transmitted with S.D.S.W. Regulation Boarding Homes No. 1, are to be used in inspecting and licensing parent-child boarding homes. Certain modifications of these standards should be applied to parent-child homes, as indicated below:

1. In the parent-child home, supervision of the child is shared by the own parent and foster parents. A careful prior agreement as to who shall be responsible for the child's supervision at all times, and who shall be responsible for the various details of child care, needs to be made in order to prevent misunderstandings between own parents and foster parents and confusion to the child.
2. Responsibility assumed by foster parents for the child's social, religious, and recreational activities will depend upon the agreement worked out between the own parent and foster mother.

Transfer of Cases and Case Records

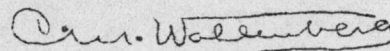
Accredited and inspection agencies should transfer promptly to the State Department of Social Welfare any parent-child homes of institutional size. Accredited agencies should also transfer the case records. (This is unnecessary for inspection agencies as the SDSW has duplicate case records.)

The State Department of Social Welfare will transfer to accredited and inspection agencies any parent-child boarding homes.

Forms to be Used for Parent-Child Boarding Homes

Parent-child application forms, renewal application forms, and register forms are available. Note the list of forms appended to S.D.S.W. Regulation Boarding Homes No. 4, Accredited and Inspection Agency Procedure.

Very sincerely yours,



CHARLES M. WOLLENBERG, Director
Department of Social Welfare

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Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG

DIRECTOR

Sacramento 14
May 29, 1946

SOCIAL WELFARE BOARD

BEN KOENIG, CHAIRMAN
1680 NORTH VINE STREET
LOS ANGELES

MRS. BERNICE H. CHIPMAN
1100 UNION STREET
SAN FRANCISCO

JOHN C. CUNEO
922 J STREET
MODESTO

GERALD C. KEPPLER
135 NORTH BRIGHT AVENUE
WHITTIER

REV. THOMAS H. MARKHAM
409 NATIVE SONS' BUILDING
SACRAMENTO

JOHN T. MARTIN
1170 SEVENTH AVENUE
SAN DIEGO

MRS. JESSIE S. WILLIAMSON
2816 OAK KNOLL TERRACE
BERKELEY

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

IN REPLY PLEASE REFER
TO:

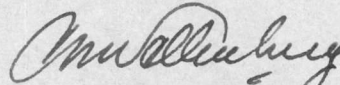
Dear Mr. Jordan:

Attached are three copies of the following regulations
made by the State Department of Social Welfare.

DEPARTMENT BULLETIN NO. 276 (WS) (Emergency Regulation)

These regulations are filed in accordance with Section 11381
of the Government Code, Chapter 1334, Statutes of 1945.

Very sincerely yours,



CHARLES M. WOLLENBERG, Director
Department of Social Welfare

63:b5
Attachment

Certified as a Regulation (or as
Regulation) of the

Dept of Social Welfare
(Name of State Agency)

Chas. L. ...
(Signature)

Director
(Title)

5/29/46
(Date)

MAIN OFFICE
SACRAMENTO
616 K STREET

LOS ANGELES OFFICE
WASHINGTON BUILDING
311 SOUTH SPRING STREET

SAN FRANCISCO OFFICE
DAVID HEWES BUILDING
995 MARKET STREET

EARL WARREN
GOVERNOR

STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE

CHARLES M. WOLLENBERG
DIRECTOR

Sacramento
April 26, 1946

9410 103, 113, 114, 115
116, 120, 120.5

DEPARTMENT BULLETIN NO. 276 (WS)

TO: COUNTY BOARDS OF SUPERVISORS
COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS

Subject: Termination of the Enemy
Alien Program

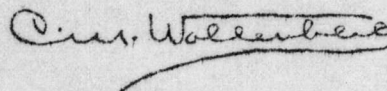
Funds will not be available for the continuation of the enemy alien program beyond June 30, 1946. This applies to all services and assistance to enemy aliens and other persons in need because of restrictive action of the Federal Government, including both War Relocation Authority and Immigration and Naturalization Service classifications. No funds may be encumbered for any period beyond that date, although payments may be made after June 30 for obligations incurred for the period ending June 30, 1946.

We are calling this to your attention at this time in order that you may have ample notice to plan for the termination of assistance payments as of June 30 and to make other provisions for the handling of remaining cases, including those receiving medical care as non-residents.

All assistance and administrative expense claims must be submitted to this office as soon as administratively possible after the close of each month.

Counties having Revolving Funds must return these immediately after the termination of the program and will receive individual instructions to this effect.

Very sincerely yours,



CHARLES M. WOLLENBERG, Director
Department of Social Welfare

MAIN OFFICE
SACRAMENTO
616 K STREET
(14)

LOS ANGELES OFFICE
WASHINGTON BUILDING
311 SOUTH SPRING STREET
(13)

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995 MARKET STREET
(3)

Earl Warren
Governor

STATE OF CALIFORNIA

Department of Social Welfare

CHARLES M. WOLLENBERG
DIRECTOR

Sacramento 14
May 29, 1946

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BERKELEY

Hon. Frank M. Jordan
Secretary of State
Room 109, State Capitol
Sacramento, California

IN REPLY PLEASE REFER
TO:

Dear Mr. Jordan:

There is of record in the Minutes of the Social Welfare Board meeting of May 24, 1946, the following action:

It was moved by Mr. Martin, seconded by Mrs. Williamson, and carried, that the Social Welfare Board approve, to be effective immediately upon filing with the Secretary of State, the deletion of pages 3 and 4 from the booklet: Standards for Day Nurseries in California.

Three copies of the booklet "Standards for Day Nurseries in California" were filed with you under date of May 21, 1945.

Very sincerely yours,

Charles M. Wollenberg
CHARLES M. WOLLENBERG, Director
Department of Social Welfare

63:b5

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SACRAMENTO, CALIF.

1946 MAY 31 PM 2 35

FRANK M. JORDAN
SECRETARY OF STATE
STATE OF CALIFORNIA

DEPARTMENT OF SOCIAL WELFARE
CHIEF OF BUREAU OF PROBATION

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CHIEF OF BUREAU OF PROBATION

Department of Social Welfare

STATE OF CALIFORNIA

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